

		FOR BHF USE					

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2007
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2007)

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

I. IDPH License ID Number: 0041285

Facility Name: Meadowbrook Manor-Naperville

Address: 720 Raymond Drive Naperville 60563
 Number City Zip Code

County: DuPage

Telephone Number: (630) 355-0220 **Fax #** (630) 717-5180

HFS ID Number: 363782227001

Date of Initial License for Current Owners: 02/09/96

Type of Ownership:

<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL
<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State
<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County
IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____
	<input checked="" type="checkbox"/> "Sub-S" Corp.	
	<input type="checkbox"/> Limited Liability Co.	
	<input type="checkbox"/> Trust	
	<input type="checkbox"/> Other _____	

In the event there are further questions about this report, please contact:
 Name: Michael W. Martin Telephone Number: (217) 522-3000
 Please send copies of desk review and audit adjustments to address on this page.

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2007 to 12/31/2007 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

Officer or Administrator of Provider	(Signed) _____	(Date) _____
	(Type or Print Name) _____	
	(Title) _____	
Paid Preparer	(Signed) <u>SEE ACCOUNTANTS' COMPILATION REPORT</u>	
	(Date) _____	
	(Print Name and Title) _____	
	(Firm Name & Address) <u>McGladrey & Pullen LLP</u> <u>15 S. Old State Capital Pz-Ste 200; Springfield, IL 62701</u>	
	(Telephone) <u>(217) 789-7700</u> Fax # <u>(217) 753-1654</u>	

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Meadowbrook Manor-Naperville

0041285 Report Period Beginning: 01/01/2007 Ending: 12/31/2007

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 _____

	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	245	Skilled (SNF)	245	89,425	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	245	TOTALS	245	89,425	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	10,991	319	10,722	22,032	8
9	SNF/PED					9
10	ICF	52,942	9,588	372	62,902	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	63,933	9,907	11,094	84,934	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 94.98%

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 Note: Non-allowable costs have been eliminated in Schedule V, Column 7.

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

I. On what date did you start providing long term care at this location?
Date started 02/09/96

J. Was the facility purchased or leased after January 1, 1978?
YES Date 02/09/96 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 231 and days of care provided 10,722

Medicare Intermediary Wisconsin Physicians Service

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/07 Fiscal Year: 12/31/07

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

Facility Name & ID Number Meadowbrook Manor-Naperville # 0041285 Report Period Beginning: 01/01/2007 Ending: 12/31/2007

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7**	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	443,121	63,394	14,256	520,771		520,771		520,771		1
2	Food Purchase		419,087		419,087		419,087	(859)	418,228		2
3	Housekeeping	251,520	58,935		310,455		310,455		310,455		3
4	Laundry	70,704	31,529		102,233		102,233		102,233		4
5	Heat and Other Utilities			300,683	300,683		300,683	2,277	302,960		5
6	Maintenance	99,363	23,487	169,140	291,990		291,990		291,990		6
7	Other (specify):*										7
8	TOTAL General Services	864,708	596,432	484,079	1,945,219		1,945,219	1,418	1,946,637		8
	B. Health Care and Programs										
9	Medical Director			60,000	60,000		60,000	13,500	73,500		9
10	Nursing and Medical Records	4,618,493	369,415	26,475	5,014,383		5,014,383		5,014,383		10
10a	Therapy	474,319	7,688	203,832	685,839		685,839	(97,348)	588,491		10a
11	Activities	149,867	17,209	2,220	169,296		169,296	(58)	169,238		11
12	Social Services	102,721	1,525	4,408	108,654		108,654		108,654		12
13	CNA Training	21,675			21,675		21,675		21,675		13
14	Program Transportation										14
15	Other (specify):* Mgmt. Co. - EE Bene							41,511	41,511		15
16	TOTAL Health Care and Programs	5,367,075	395,837	296,935	6,059,847		6,059,847	(42,395)	6,017,452		16
	C. General Administration										
17	Administrative	93,150		485,000	578,150		578,150	(340,118)	238,032		17
18	Directors Fees										18
19	Professional Services			207,021	207,021		207,021	47,801	254,822		19
20	Dues, Fees, Subscriptions & Promotions			36,719	36,719		36,719	6,291	43,010		20
21	Clerical & General Office Expenses	139,382	43,687	67,224	250,293		250,293	35,335	285,628		21
22	Employee Benefits & Payroll Taxes			1,000,073	1,000,073		1,000,073		1,000,073		22
23	Inservice Training & Education							2,660	2,660		23
24	Travel and Seminar			4,614	4,614		4,614	3,686	8,300		24
25	Other Admin. Staff Transportation			1,374	1,374		1,374	2,912	4,286		25
26	Insurance-Prop.Liab.Malpractice			195,505	195,505		195,505	130,664	326,169		26
27	Other (specify):* Mgmt. Co. - EE Bene							87,165	87,165		27
28	TOTAL General Administration	232,532	43,687	1,997,530	2,273,749		2,273,749	(23,604)	2,250,145		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,464,315	1,035,956	2,778,544	10,278,815		10,278,815	(64,581)	10,214,234		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.

Facility Name & ID Number Meadowbrook Manor-Naperville

#0041285

Report Period Beginning:

01/01/2007

Ending:

12/31/2007

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7**	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			74,421	74,421		74,421	278,372	352,793			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			165,960	165,960		165,960	729,131	895,091			32
33	Real Estate Taxes							192,869	192,869			33
34	Rent-Facility & Grounds			2,682,744	2,682,744		2,682,744	(2,665,668)	17,076			34
35	Rent-Equipment & Vehicles			17,200	17,200		17,200		17,200			35
36	Other (specify):*											36
37	TOTAL Ownership			2,940,325	2,940,325		2,940,325	(1,465,296)	1,475,029			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation			784	784		784		784			38
39	Ancillary Service Centers		561,050	98,450	659,500		659,500		659,500			39
40	Barber and Beauty Shops			29,946	29,946		29,946		29,946			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			134,138	134,138		134,138		134,138			42
43	Other (specify):* Non-allowable Cos			749,409	749,409		749,409	(749,409)				43
44	TOTAL Special Cost Centers		561,050	1,012,727	1,573,777		1,573,777	(749,409)	824,368			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,464,315	1,597,006	6,731,596	14,792,917		14,792,917	(2,279,286)	12,513,631			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	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(859)	2		4
5	Telephone, TV & Radio in Resident Rooms	(6,875)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	20,818	30		9
10	Interest and Other Investment Income	(91,971)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(544)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment	(185)	43		19
20	Contributions	(700)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(706,528)	43		24
25	Fund Raising, Advertising and Promotional	(1,665)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	5,956	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(9,024)	43		28
29	Other-Attach Schedule See Pg. 5A	(36,746)	var		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (828,323)		\$	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)	(1,450,963)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,450,963)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (2,279,286)		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	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY							
48		49		50		51	52

SEE ACCOUNTANTS' COMPILATION REPORT

Meadowbrook Manor-Naperville

ID# 0041285

Report Period Beginning: 01/01/2007

Ending: 12/31/2007

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Radiology	\$ (12,266)	43	1
2	Laboratory	(8,220)	43	2
3	Consolidated billing fees	(4,402)	43	3
4	Resident gifts, etc.	(3,366)	43	4
5	Resident clothing	(3,782)	43	5
6	Offset activity revenue	(58)	11	6
7	Offset miscellaneous revenue	(567)	21	7
8	Out of Period Legal Fees	(4,085)	19	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
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25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(36,746)		49

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Meadowbrook Manor-Naperville# 0041285

Report Period Beginning:

01/01/2007

Ending:

12/31/2007

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	(859)	0	0	0	0	0	0	0	0	0	0	(859)	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	2,277	0	0	0	0	0	0	0	0	2,277	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	TOTAL General Services	(859)	0	2,277	0	1,418	8							
	B. Health Care and Programs													
9	Medical Director	0	0	13,500	0	0	0	0	0	0	0	0	13,500	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	(97,348)	0	0	0	0	0	0	0	0	(97,348)	10a
11	Activities	(58)	0	0	0	0	0	0	0	0	0	0	(58)	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	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	41,511	0	0	0	0	0	0	0	0	41,511	15
16	TOTAL Health Care and Programs	(58)	0	(42,337)	0	(42,395)	16							
	C. General Administration													
17	Administrative	0	0	(340,118)	0	0	0	0	0	0	0	0	(340,118)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(4,085)	18,566	33,320	0	0	0	0	0	0	0	0	47,801	19
20	Fees, Subscriptions & Promotions	0	250	6,041	0	0	0	0	0	0	0	0	6,291	20
21	Clerical & General Office Expenses	(567)	0	35,902	0	0	0	0	0	0	0	0	35,335	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	2,660	0	0	0	0	0	0	0	0	2,660	23
24	Travel and Seminar	0	0	3,686	0	0	0	0	0	0	0	0	3,686	24
25	Other Admin. Staff Transportation	0	0	2,912	0	0	0	0	0	0	0	0	2,912	25
26	Insurance-Prop.Liab.Malpractice	0	130,664	0	0	0	0	0	0	0	0	0	130,664	26
27	Other (specify):*	0	0	87,165	0	0	0	0	0	0	0	0	87,165	27
28	TOTAL General Administration	(4,652)	149,480	(168,432)	0	(23,604)	28							
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(5,569)	149,480	(208,492)	0	(64,581)	29							

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Meadowbrook Manor-Naperville

0041285

Report Period Beginning:

01/01/2007

Ending:

12/31/2007

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	20,818	257,554	0	0	0	0	0	0	0	0	0	278,372	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(91,971)	821,069	33	0	0	0	0	0	0	0	0	729,131	32
33	Real Estate Taxes	0	192,869	0	0	0	0	0	0	0	0	0	192,869	33
34	Rent-Facility & Grounds	0	(2,682,744)	17,076	0	0	0	0	0	0	0	0	(2,665,668)	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	TOTAL Ownership	(71,153)	(1,411,252)	17,109	0	(1,465,296)	37							
	Ancillary Expense													
	E. Special Cost Centers													
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):*	(751,601)	2,192	0	0	0	0	0	0	0	0	0	(749,409)	43
44	TOTAL Special Cost Centers	(751,601)	2,192	0	0	0	0	0	0	0	0	0	(749,409)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(828,323)	(1,259,580)	(191,383)	0	(2,279,286)	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	Napeville	J&D Partners, LP	Bolingbrook	Lessor
See Schedule 6A	See Sch 6A	Meadowbrook Manor of Naperville		MMN Partners, LP	Napeville	Lessor
				Butterfield Health		Management Co.
		Butterfield Health Care, Inc. d/b/a	Bolingbrook	Care Group, Inc.	Bolingbrook	
		Meadowbrook Manor		MML Properties LLC	LaGrange	Lessor
				Seneca Building LP	Des Plaines	Lessor
		Seneca Nursing Home, Inc. d/b/a Lee Manor	Des Plaines			

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. 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)	
1	V	19 Professional Fees	\$	MML Properties, LLC	100.00%	\$ 18,566	\$ 18,566	1
2	V	20 Fees & Subscriptions		MML Properties, LLC	100.00%	250	250	2
3	V	26 Insurance-Prop., Liab., Malpr.		MML Properties, LLC	100.00%	130,664	130,664	3
4	V	30 Depreciation		MML Properties, LLC	100.00%	257,554	257,554	4
5	V	32 Interest Expense	475	MML Properties, LLC	100.00%	818,334	817,859	5
6	V	32 Amort of Mortgage Costs		MML Properties, LLC	100.00%	3,210	3,210	6
7	V	33 Real Estate Taxes		MML Properties, LLC	100.00%	192,869	192,869	7
8	V	34 Rent	2,682,744	MML Properties, LLC	100.00%		(2,682,744)	8
9	V	43 State Replacement Tax		MML Properties, LLC	100.00%	2,192	2,192	9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 2,683,219			\$ 1,423,639	\$ * (1,259,580)	14

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

Butterfield Health Care II, Inc.
D/B/A Meadowbrook Manor of Naperville
Provider #0041285
12/31/2007

Schedule 6A

VII. Section A. - Related parties - col. 1 - Owners

<u>Name</u>	<u>Ownership %</u>
RBJ Investments, LP	25%
Jafari Family LLC	25%
Louis William Dimas Family Limited Partnership	15%
Nicholas & Dorothy Vangel	25%
Christopher Vangel Descendant's GST Exempt Trusd U/A D 6/21/99	5%
Katherine Hocuk Descendant's GST Exempt Trusd U/A D 6/21/99	5%
	<u>100%</u>

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%	\$ 2,277	\$ 2,277
16	V	9 Medical Director		Butterfield Health Care Group, Inc.	100.00%	13,500	13,500
17	V	10A Therapy Salaries	270,650	Butterfield Health Care Group, Inc.	100.00%	173,302	(97,348)
18	V	15 Employee Benefits - Health Care		Butterfield Health Care Group, Inc.	100.00%	41,511	41,511
19	V	17 Administrative Salaries	742,850	Butterfield Health Care Group, Inc.	100.00%	402,732	(340,118)
20	V	19 Professional Services		Butterfield Health Care Group, Inc.	100.00%	33,320	33,320
21	V	20 Fees & Subscriptions		Butterfield Health Care Group, Inc.	100.00%	6,041	6,041
22	V	21 Clerical & General Office Expense	7,196	Butterfield Health Care Group, Inc.	100.00%	43,098	35,902
23	V	23 In-service Training		Butterfield Health Care Group, Inc.	100.00%	2,660	2,660
24	V	24 Travel & Seminar		Butterfield Health Care Group, Inc.	100.00%	3,686	3,686
25	V	25 Other Admin. Staff Transportation		Butterfield Health Care Group, Inc.	100.00%	2,912	2,912
26	V	27 Employee Benefits - Gen. Admin.		Butterfield Health Care Group, Inc.	100.00%	87,165	87,165
27	V	32 Interest		Butterfield Health Care Group, Inc.	100.00%	33	33
28	V	34 Rent		Butterfield Health Care Group, Inc.	100.00%	17,076	17,076
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,020,696			\$ 829,313	\$ * (191,383)

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

Facility Name & ID Number Meadowbrook Manor-Naperville # 0041285 Report Period Beginning: 01/01/2007 Ending: 12/31/2007

VII. RELATED PARTIES (continued)

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

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

1	2	3	4	5	6		7		8	9	
					Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**				
Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference		
1								\$		1	
2	Christopher Vangel	Operating Supv.	Administrative	5.00	54,000	8	20.00	N/A		2	
3	Kianoosh Jafari	Stockholder	Medical Director	25.00	17,500	16	40.00	Med Dir Fees	13,500	9(3)	
4	Sean Dimas	Stockholder	Administrative	6.67	45,907	0	0.00	N/A		4	
5										5	
6										6	
7	Note 1: Christopher Vangel received compensation of \$54,000 from Seneca Nursing Home, Inc d/b/a Lee Manor.										7
8	Note 2: Kianoosh Jafari received \$13,500 of Medical Director fees from Butterfield Health Care VII, Inc. d/b/a Meadowbrook Manor of LaGrange and \$4,000 of Medical Director fees from Butterfield Health Care, Inc. d/b/a Meadowbrook Manor										8
9											9
10	Note 3: Sean Dimas received salary of \$47,907 from Seneca Nursing Home, Inc d/b/a Lee Manor										10
11										11	
12										12	
13								TOTAL	\$ 13,500	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-Naperville

0041285 Report Period Beginning: 01/01/2007

Ending: 2/31/2007

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 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

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

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	3	\$ 6,199	\$	84,931	\$ 2,277	1
2	9	Medical Director	Direct Cost		31,000			13,500	2
3	10A	Therapy Salaries	Gross Charges	3	522,087	522,087	2,057,261	173,302	3
4	15	Employee Benefits - Health Care	Resident Days	3	113,000		84,931	41,511	4
5	17	Administrative Salaries	Resident Days	3	1,096,306	1,096,306	84,931	402,732	5
6	19	Professional Services	Resident Days	3	90,703		84,931	33,320	6
7	20	Fees & Subscriptions	Resident Days	3	16,444		84,931	6,041	7
8	21	Clerical & General Office Expense	Resident Days	3	117,319		84,931	43,098	8
9	23	In-service Training	Resident Days	3	7,240		84,931	2,660	9
10	24	Travel & Seminar	Resident Days	3	10,035		84,931	3,686	10
11	25	Other Admin. Staff Transportation	Resident Days	3	7,927		84,931	2,912	11
12	27	Employee Benefits - Gen. Admin.	Resident Days	33	237,278		84,931	87,165	12
13	32	Interest	Resident Days	3	90		84,931	33	13
14	34	Rent	Resident Days	3	46,483		84,931	17,076	14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 2,302,111	\$ 1,618,393		\$ 829,313	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Meadowbrook Manor-Naperville

0041285

Report Period Beginning:

01/01/2007

Ending:

12/31/2007

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	Name of Lender	2		3	4	5	6		7	8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
A. Directly Facility Related																		
Long-Term																		
1	GMAC		X	Mortgage	\$94,985.00	05/22/03	\$ 16,320,000	\$ 15,494,517	06/01/38	0.0525	\$ 818,334	1						
2	GMAC		X	Amortization of loan costs							3,210	2						
3												3						
4												4						
5												5						
Working Capital																		
6	Shareholder loan	X		Working Capital		05/31/05	2,550,000	1,610,000	05/31/09	Prime-.005	163,115	6						
7												7						
8	Avaya Financial Services		X	Capital Lease	\$846.00	01/01/06	35,483	21,881	12/31/09		3,353	8						
9	TOTAL Facility Related				\$95,831.00		\$ 18,905,483	\$ 17,126,398			\$ 988,012	9						
B. Non-Facility Related*																		
10											RE entity interest income offset	(475)	10					
11											Interest income offset	(92,446)	11					
12													12					
13													13					
14	TOTAL Non-Facility Related						\$	\$			\$ (92,921)	14						
15	TOTALS (line 9+line14)						\$ 18,905,483	\$ 17,126,398			\$ 895,091	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 2006 report.		\$	239,000	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	2006	\$	219,262	2
3. Under or (over) accrual (line 2 minus line 1).		\$	(19,738)	3
4. Real Estate Tax accrual used for 2007 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	212,607	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	192,869	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2002	230,268	8
	2003	230,897	9
	2004	241,773	10
	2005	227,654	11
	2006	219,262	12
2006 Tax Bill		219262	
Estimated Increase		0.97	
Total		212684.14	
Use		212607	

FOR BHF USE ONLY			
13	FROM R. E. TAX STATEMENT FOR 2006	\$	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.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2006 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 2006 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2006.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2006 real estate tax bill to Healthcare and Family Services, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2007 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 Bureau of Health Finance at (217) 782-1630.

2006 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Meadowbrook Manor-Naperville COUNTY DuPage

FACILITY IDPH LICENSE NUMBER 0041285

CONTACT PERSON REGARDING THIS REPORT Scott Gabrys

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2006 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 2006.

(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>07-14-113-001</u>	<u>Nursing Home</u>	\$ <u>219,262.78</u>	\$ <u>219,262.78</u>
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>219,262.78</u>	\$ <u>219,262.78</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 original 2006 tax bills which were listed in Section A to this statement. Be sure to use the 2006 tax bill which is normally paid during 2007.

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Meadowbrook Manor-Naperville

0041285

Report Period Beginning:

01/01/2007 Ending:

12/31/2007

X. BUILDING AND GENERAL INFORMATION:

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

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

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

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

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: N/A
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Resident care</u>	<u>148,410</u>	<u>1996</u>	<u>\$ 279,600</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	148,410		\$ 279,600	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Meadowbrook Manor-Naperville

0041285

Report Period Beginning:

01/01/2007 Ending: 12/31/2007

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	245	1996	1996	\$ 9,863,922	\$	40	\$ 246,598	\$ 246,598	\$ 2,941,034	4
5										5
6										6
7										7
8										8
	Improvement Type**									
9	Landscapping improvements		1996	22,797	1,140	15	1,520	380	16,720	9
10	Fence		1996	5,500	298	15	367	69	4,367	10
11	Land Improvements		1996	12,824		40	320	320	3,815	11
12	Doors		1998	5,961	596	20	298	(298)	3,129	12
13	Landscaping improvements-shrubs trees evergreens		1998	22,729	1,136	20	1,136		10,792	13
14	Leasehold improvements-air ducts, dampers, chimney		2001	4,425	113	20	221	108	1,437	14
15	Electrical work - dialysis room		2005	4,024	402	20	201	(201)	1,105	15
16	Lockinvar burner		2005	3,584	358	20	179	(179)	987	16
17	Fence		2005	1,465	147	20	73	(74)	404	17
18	signs		2005	2,775	278	20	139	(139)	761	18
19	Exterior signs-electroical sork for signs		2003	1,575	158	20	79	(79)	470	19
20	Exterior signs-electroical sork for signs		2003	6,020		20	301	301	1,053	20
21	Plumbing for dialysis room		2003	5,540		10	277	277	1,659	21
22	Plumbing for dialysis room		2003	10,989	554	20	549	(5)	1,922	22
23	Install 7 doors		2003	3,433		20	172	172	602	23
24	Sealcoat parking lot		2003	3,000		20	150	150	525	24
25	Install vents in oxygen room		2003	2,061	206	20	103	(103)	621	25
26	Replace monitors and multiplexer for fire alarm		2003	1,890	189	20	94	(95)	563	26
27	Install fire alarm sensors		2003	9,517		20	476	476	1,666	27
28	Butterfly garden		2004	4,851	242	20	243	1	850	28
29	Install fence		2004	1,050		20	52	52	182	29
30	Install smoke dampers and motors		2004	3,300		20	165	165	577	30
31	Install carpeting		2004	56,444		20	2,822	2,822	9,879	31
32	Install fan		2004	3,218		20	161	161	563	32
33	Rebuild hoe water valves		2004	1,657		20	83	83	290	33
34	Install two doors.		2004	1,312		20	66	66	231	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

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	Replace wiring/PC board in elevator	2005	\$ 2,895	\$ 289	10	\$ 289	\$	\$ 723	37
38	Furnish and install new roof exhaust fan	2005	1,995	200	10	200		500	38
39	Sealcoat parking lot	2005	6,765	676	10	676		1,690	39
40	Install wiring for outdoor light post	2005	3,980	398	10	398		995	40
41	Install 18 new fire doors	2005	6,700	670	10	670		1,675	41
42	New hot water heater	2005	66,259	6,626	10	6,626		16,565	42
43	Install new amp and transfer switch on generator	2006	3,309	331	10	331		496	43
44	Work laminant flooring for dining room	2006	12,206	1,221	10	1,221		1,831	44
45	Wiring for TB	2006	42,270	4,227	10	4,227		6,341	45
46	Interior signage	2006	12,436	1,244	10	1,244		1,866	46
47									47
48	Vinyl & Wood flooring & scored ceiling tile	2007	64,390	3,219	10	3,219		3,219	48
49	Purchase and installation of central A/C system	2007	73,513	3,676	10	3,676		3,676	49
50	Replacement doors	2007	2,622	131	10	131		131	50
51	Purchase and installation of Trane Compressor	2007	31,600	1,580	10	1,580		1,580	51
52	Replace existing breakers & install 2nd/3rd floor receptacles	2007	4,283	214	10	214		214	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)		\$ 10,401,086	\$ 30,519		\$ 281,547	\$ 251,028	\$ 3,047,706	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-Naperville

0041285

Report Period Beginning:

01/01/2007

Ending:

12/31/2007

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	\$ 1,610,727	\$ 43,089	\$ 70,433	\$ 27,344	5-10	\$ 1,310,190	71
72	Current Year Purchases	16,253	813	813		10	813	72
73	Fully Depreciated Assets	72,034				5-10	72,034	73
74								74
75	TOTALS	\$ 1,699,014	\$ 43,902	\$ 71,246	\$ 27,344		\$ 1,383,037	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)	\$ 12,379,700	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 74,421	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 352,793	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 278,372	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,430,743	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	N/A				87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93	N/A		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 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>Home Office Allocation</u>			<u>17,076</u>			5
6								6
7	TOTAL				\$ <u>17,076</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 by the length of the lease _____.

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: \$ 17,200 Description: Bed & Mattress rental-14965; maintenance equip-1840; postage meter-395

(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			<u>N/A</u>		18
19					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. _____ /2008 \$ _____

13. _____ /2009 \$ _____

14. _____ /2010 \$ _____

* 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO</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>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input checked="" type="checkbox"/></p> <p>HOURS PER CNA <u>40</u></p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input checked="" type="checkbox"/></p> <p>HOURS PER CNA <u>80</u></p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		Contract	Total
		1 Drop-outs	2 Completed		
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)		21,675		21,675
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$ 21,675	\$	\$ 21,675
10	SUM OF line 9, col. 1 and 2 (e)	\$	21,675		

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
 - (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.
- 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	10A(1,2,3)	4454 hrs	\$ 166,570	1,195	\$ 71,697	\$ 2,896	5,649	\$ 241,163	1
2	Licensed Speech and Language Development Therapist	10A(2,3)	hrs		217	13,044	527	217	13,571	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10A(1,2,3)	8230 hrs	307,749	1,760	105,619	4,266		417,634	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39(2)	# of prescrpts				524,735		524,735	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): See Sch 16A					111,922	36,315		148,237	13
14	TOTAL			\$ 474,319	3,173	\$ 302,282	\$ 568,738	5,866	\$ 1,345,339	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

Butterfield Health Care II, Inc.
D/B/A Meadowbrook Manor of Naperville
Provider #0041285
12/31/2007

Schedule 16A

XIV- Special Services - Line 13 (Other)

Service	Schedule V Line	Staff		Outside Practitioner		Supplies (Actual or Allocated)
		Units of Service	Cost	Units	Cost	
Respiratory Therapy Wages	10A(1)	-	-	225	13,472	-
Oxygen	39(2)	-	-	-	-	36,315
Dialysis Services	39(3)	-	-	-	98,450	-
		-	-	225	111,922	36,315

Facility Name & ID Number Meadowbrook Manor-Naperville

0041285

Report Period Beginning: 01/01/2007

Ending:

12/31/2007

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2007

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ (208,279)	\$ 122,355	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>505,618</u>)	3,438,489	3,438,489	3
4	Supply Inventory (priced at _____)			4
5	Short-Term Investments			5
6	Prepaid Insurance	260,331	296,887	6
7	Other Prepaid Expenses	9,951	9,951	7
8	Accounts Receivable (owners or related parties)	2,191,163	2,191,163	8
9	Other(specify): <u>See Sch 17A</u>		180,833	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 5,691,655	\$ 6,239,678	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		279,600	13
14	Buildings, at Historical Cost		9,863,922	14
15	Leasehold Improvements, at Historical Cost	403,425	537,164	15
16	Equipment, at Historical Cost	733,367	1,699,014	16
17	Accumulated Depreciation (book methods)	(481,305)	(4,430,743)	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): <u>Loan Costs - Net</u>		116,838	22
23	Other(specify): _____			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 655,487	\$ 8,065,795	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,347,142	\$ 14,305,473	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,142,059	\$ 1,142,059	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	1,610,000	1,610,000	29
30	Accrued Salaries Payable	289,883	289,883	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)		212,607	32
33	Accrued Interest Payable		67,788	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Payroll Liabilities</u>	23,900	23,900	36
37	<u>See Sch 17A</u>	2,520,317	591,958	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 5,586,159	\$ 3,938,195	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	21,881	21,881	39
40	Mortgage Payable		15,494,517	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	_____			43
44	_____			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 21,881	\$ 15,516,398	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 5,608,040	\$ 19,454,593	46
47	TOTAL EQUITY (page 18, line 24)	\$ 739,102	\$ (5,149,120)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 6,347,142	\$ 14,305,473	48

Butterfield Health Care II, Inc.
D/B/A Meadowbrook Manor of Naperville
Provider #0041285
12/31/2007

Schedule 17A

XV. BALANCE SHEET - Unrestricted Operating Fund.

A. Current Assets

9. Other (specify)

	<u>Operating</u>	<u>Consolidating</u>
Hazard Insurance Escrow	-	56,334
Real Estate Taxes Escrow	-	85,785
Mortgage Insurance Escrow	-	38,714
	<u>-</u>	<u>180,833</u>

C. Current Liabilities

37. Other Current Liabilities (specify)

	<u>Operating</u>	<u>Consolidating</u>
Other Deposits	7,454	7,454
Accrued Rent	2,178,359	-
Resident Credit Balances	334,504	334,504
Due to Related Party	-	250,000
	<u>2,520,317</u>	<u>591,958</u>

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 789,896	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 789,896	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(50,793)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) ROUNDING	(1)	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (50,794)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 739,102	24 *

* 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	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 12,960,188	1
2	Discounts and Allowances for all Levels	(1,099,868)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,860,320	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,057,260	6
7	Oxygen	14,917	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,072,177	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	27,664	13
14	Non-Patient Meals	859	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	494,917	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	8,167	19
20	Radiology and X-Ray	22,320	20
21	Other Medical Services	154,721	21
22	Laundry	5,211	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 713,859	23
	D. Non-Operating Revenue		
24	Contributions	100	24
25	Interest and Other Investment Income***	92,446	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 92,546	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Sch 19A</u>	3,222	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 3,222	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 14,742,124	30

2

	Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,945,219	31
32	Health Care	6,059,847	32
33	General Administration	2,273,749	33
	B. Capital Expense		
34	Ownership	2,940,325	34
	C. Ancillary Expense		
35	Special Cost Centers	1,439,639	35
36	Provider Participation Fee	134,138	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 14,792,917	40
41	Income before Income Taxes (line 30 minus line 40)**	(50,793)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (50,793)	43

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

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

Butterfield Health Care II, Inc.
D/B/A Meadowbrook Manor of Naperville
Provider #0041285
12/31/2007

Schedule 19A

XVII. INCOME STATEMENT

E. Other Revenue (specify):****

28.	CNA Training Income	2,041
	Vending Income	556
	Activities Income	58
	Miscellaneous Income	567
		<u>3,222</u>
		<u><u>3,222</u></u>

Facility Name & ID Number Meadowbrook Manor-Naperville

0041285

Report Period Beginning: 01/01/2007

Ending: 12/31/2007

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	1,574	1,775	\$ 69,666	\$ 39.25	1
2	Assistant Director of Nursing	2,163	2,323	73,799	31.77	2
3	Registered Nurses	55,608	58,880	1,626,650	27.63	3
4	Licensed Practical Nurses	20,092	21,175	584,575	27.61	4
5	CNAs & Orderlies	141,340	149,635	1,768,207	11.82	5
6	CNA Trainees	2,298	2,352	21,675	9.22	6
7	Licensed Therapist	11,435	12,684	474,319	37.40	7
8	Rehab/Therapy Aides	8,996	9,650	139,264	14.43	8
9	Activity Director					9
10	Activity Assistants	12,613	13,345	149,867	11.23	10
11	Social Service Workers	7,598	8,204	102,721	12.52	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	42,585	46,296	443,121	9.57	15
16	Dishwashers					16
17	Maintenance Workers	7,688	8,096	99,363	12.27	17
18	Housekeepers	29,451	32,297	251,520	7.79	18
19	Laundry	8,219	9,079	70,704	7.79	19
20	Administrator	1,920	2,200	93,150	42.34	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	9,819	10,387	139,382	13.42	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,956	2,160	31,325	14.50	31
32	Other Health C: See Sch 20A	13,019	14,410	325,007	22.55	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	378,374	404,948	\$ 6,464,315 *	\$ 15.96	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	360	\$ 14,256	1(3)	35
36	Medical Director	1,200	60,000	9(3)	36
37	Medical Records Consultant	12	1,335	10(3)	37
38	Nurse Consultant	56	16,340	10(3)	38
39	Pharmacist Consultant	36	6,500	10(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	12	2,220	11(3)	44
45	Social Service Consultant	12	4,408	12(3)	45
46	Other(specify) Quality Assurance	37	2,300	10(3)	46
47					47
48					48
49	TOTAL (lines 35 - 48)	1,725	\$ 107,359		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 II, Inc.
D/B/A Meadowbrook Manor of Naperville
Provider #0041285
12/31/2007

Schedule 20A

XVII. Staffing and Salary Costs
Line 32 - Other

	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Rate
Care Plan Coordinator	7,522	8,280	251,644	30.39
Unit Aide	5,497	6,130	73,363	11.97
Total Line 32 - Other	13,019	14,410	325,007	22.55

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	
Rose Bundalian	Administrator	0	\$ 93,150	Workers' Compensation Insurance	\$ 156,463	IDPH License Fee	\$	
				Unemployment Compensation Insurance	50,065	Advertising: Employee Recruitment	3,182	
				FICA Taxes	481,158	Health Care Worker Background Check		
				Employee Health Insurance	218,033	(Indicate # of checks performed <u>350</u>)	1,645	
				Employee Meals		Patient Background Checks	300	
				Illinois Municipal Retirement Fund (IMRF)*			1,410	
				401(K)	41,368	See Sch 21A	30,482	
				Uniform Allowance	2,315	Allocated from MMN Realty	250	
				Other Employee Benefits	50,671	Allocated from Home Office	6,041	
						Less: Public Relations Expense	()	
						Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 93,150	TOTAL (agree to Schedule V, line 22, col.8)		\$ 43,010		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
Management Fees (Eliminated in Col. 7)			\$ 485,000	N/A			Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 485,000				Seminar Expense	
							See Attached	4,614
							Allocated from Home Office	3,686
							Entertainment Expense	()
							(agree to Sch. V, line 24, col. 8)	
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 207,021	TOTAL		\$	TOTAL	\$ 8,300

* Attach copy of IMRF notifications
SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

Butterfield Health Care VII, LLC
Meadowbrook Manor LaGrange
Provider # 0047274
12/31/2007

Schedule 21A

Schedule XIX (C) - Professional Fees.

<u>Vendor/Payee</u>	<u>Type</u>	<u>Amount</u>
Foley & Lardner	Legal	96,466
Hamilton, Thies, Lorch & Hagnell	Legal	1,047
McGladrey & Pullen, LLP	Accounting	7,808
RSM McGladrey	Accounting	2,675
Rehab Management Services	Billing Consultant	27,350
Talx Corporation	Employee Benefit Plan Administrator	11,385
New England Financial	Employee Benefit Plan Administrator	974
Systematic Management Systems	Billing Service	17,008
SAS Architect & Planners	Architect Planning	10,699
Wencel/Hess Design Co.	Website Design	3,550
Wescom Solutions	Computer Services	22,681
Mutual of Omaha	Computer Services	96
HDSI	Computer Services	966
Emdeon Business Service	Computer Services	4,316
TOTAL (agree to Schedule V, line 19, column 3)		207,021
Allocation from MMN Properties - Legal		2,691
Allocation from MMN Properties - Accounting		15,875
Allocation from Butterfield Health Care Group		33,320
Less: Disallowed legal fees		<u>(4,085)</u>
TOTAL (agree to Schedule V, line 19, column 8)		<u><u>254,822</u></u>

Butterfield Health Care VII, LLC
Meadowbrook Manor LaGrange
Provider # 0047274
12/31/2007

Schedule 21A cont...

F. Dues, Fees, Subscriptions and Promotions

<u>Description</u>	<u>Amount</u>
Illinois Council on Long Term Care	19,571
DuPage County Health Department	850
City of Naperville	1,234
CLIA Laboratory Program	150
Miscellaneous Licenses	847
Miscellaneous Dues	994
Miscellaneous Subscriptions	<u>6,836</u>
	<u><u>30,482</u></u>

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

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2							N/A					
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Meadowbrook Manor-Naperville

0041285

Report Period Beginning: 01/01/2007

Ending: 12/31/2007

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 \$19571
- (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? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 83,722 Line 10(2)
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 134,138
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 859
- (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? N/A
- 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 \$5,000, 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