



Facility Name & ID Number Meadowbrook Manor LaGrange

# 0047274 Report Period Beginning: 01/01/09 Ending: 12/31/09

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	94	Skilled (SNF)	94	34,310	1
2		Skilled Pediatric (SNF/PED)			2
3	103	Intermediate (ICF)	103	37,595	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	197	TOTALS	197	71,905	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				
		3 Medicaid Recipient	4 Private Pay	5 Other	6 Total	
8	SNF	2,108	15	6,169	8,292	8
9	SNF/PED					9
10	ICF	28,198	4,587	74	32,859	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	30,306	4,602	6,243	41,151	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 57.23%

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

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 08/25/05

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date 08/25/05 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 5,379

Medicare Intermediary Wisconsin Physician Services

IV. ACCOUNTING BASIS

ACCRAUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/09 Fiscal Year: 12/31/09

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

Facility Name & ID Number Meadowbrook Manor LaGrange # 0047274 Report Period Beginning: 01/01/09 Ending: 12/31/09

**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
	<b>A. General Services</b>										
1	Dietary	234,006	19,811	13,424	267,241		267,241		267,241		1
2	Food Purchase		178,865		178,865		178,865	(133)	178,732		2
3	Housekeeping	204,427	33,134		237,561		237,561	2	237,563		3
4	Laundry	55,943	16,792	29,505	102,240		102,240	135	102,375		4
5	Heat and Other Utilities			202,937	202,937		202,937	1,282	204,219		5
6	Maintenance	81,621	20,710	124,582	226,913		226,913	(1,294)	225,619		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	575,997	269,312	370,448	1,215,757		1,215,757	(8)	1,215,749		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			18,000	18,000		18,000	6,575	24,575		9
10	Nursing and Medical Records	2,775,963	247,100	15,063	3,038,126		3,038,126		3,038,126		10
10a	Therapy	461,798	2,676	73,483	537,957		537,957		537,957		10a
11	Activities	105,662	15,239	2,574	123,475		123,475		123,475		11
12	Social Services	46,386		2,537	48,923		48,923		48,923		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	3,389,809	265,015	111,657	3,766,481		3,766,481	6,575	3,773,056		16
	<b>C. General Administration</b>										
17	Administrative	102,672			102,672		102,672	133,497	236,169		17
18	Directors Fees										18
19	Professional Services			148,611	148,611		148,611	3,518	152,129		19
20	Dues, Fees, Subscriptions & Promotions			33,618	33,618		33,618	784	34,402		20
21	Clerical & General Office Expenses	174,695	32,540	39,366	246,601		246,601	100,385	346,986		21
22	Employee Benefits & Payroll Taxes			634,592	634,592		634,592		634,592		22
23	Inservice Training & Education			3,581	3,581		3,581	457	4,038		23
24	Travel and Seminar			1,032	1,032		1,032	1,462	2,494		24
25	Other Admin. Staff Transportation			625	625		625	3,163	3,788		25
26	Insurance-Prop.Liab.Malpractice			173,714	173,714		173,714	20,257	193,971		26
27	Other (specify):* <b>Mgmt Alloc of Benefit</b>							37,757	37,757		27
28	<b>TOTAL General Administration</b>	277,367	32,540	1,035,139	1,345,046		1,345,046	301,280	1,646,326		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	4,243,173	566,867	1,517,244	6,327,284		6,327,284	307,847	6,635,131		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 LaGrange

#0047274

Report Period Beginning:

01/01/09

Ending:

12/31/09

## 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	
	<b>D. Ownership</b>											
30	Depreciation			60,387	60,387		60,387	143,415	203,802			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			33,097	33,097		33,097	228,154	261,251			32
33	Real Estate Taxes							309,507	309,507			33
34	Rent-Facility & Grounds			1,320,000	1,320,000		1,320,000	(1,312,894)	7,106			34
35	Rent-Equipment & Vehicles			50,345	50,345		50,345	1,394	51,739			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			1,463,829	1,463,829		1,463,829	(630,424)	833,405			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation			9,609	9,609		9,609		9,609			38
39	Ancillary Service Centers		291,003	78,293	369,296		369,296		369,296			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			107,858	107,858		107,858		107,858			42
43	Other (specify):* <b>Non-allowable cost</b>			251,983	251,983		251,983	(251,983)				43
44	<b>TOTAL Special Cost Centers</b>		291,003	447,743	738,746		738,746	(251,983)	486,763			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	4,243,173	857,870	3,428,816	8,529,859		8,529,859	(574,560)	7,955,299			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	(858)	2		4
5	Telephone, TV & Radio in Resident Rooms	(5,894)	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	7,872	30		9
10	Interest and Other Investment Income	(6,257)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(26)	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	(494)	43		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(34,300)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(216,415)	43		24
25	Fund Raising, Advertising and Promotional	(250)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(30)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(1,200)	43		28
29	Other-Attach Schedule See PG5A	(66,603)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (324,455)		\$	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)	(250,105)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (250,105)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (574,560)		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						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	

SEE ACCOUNTANTS' COMPILATION REPORT

Meadowbrook Manor LaGrangeID# 0047274Report Period Beginning: 01/01/09Ending: 12/31/09

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	X Rays-Part A	\$ (6,822)	43	1
2	Labs-Part A	(3,061)	43	2
3	Consolidated Billing Fees	(7,141)	43	3
4	Marketing Expense	(12,880)	43	4
5	Resident Clothing	(16)	43	5
6	Political Rally Food	117	43	6
7	Offset Miscellaneous Income	(170)	21	7
8	Reclass Repairs & Maintenance 2008	(22,381)	6	8
9	Reclass Repairs & Maintenance 2009	(14,249)	6	9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
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31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(66,603)		49

SEE ACCOUNTANTS' COMPILATION REPORT

**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
See Schedule 6A	See Sch 6A	Butterfield Health Care II, Inc. d/b/a	Naperville	J&D Partners, LP	Bolingbrook	Lessor
		Meadowbrook Manor of Naperville		MMN Partners, LP	Naperville	Lessor
				Butterfield Health		Management Co.
		Butterfield Health Care II, Inc. d/b/a	Bolingbrook	Care Group, Inc.	Bolingbrook	
		Meadowbrook Manor of		MML Properties LLC	LaGrange	Lessor
				Seneca Building LP	Des Plaines	Lessor
		Seneca Nursing Home, Inc. d/b/a Lee Manor	Des Plaines			

**B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.**  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	2 Food	\$	Butterfield Health Care Group, Inc.	100.00%	\$ 725	\$	725	1
2	V	3 Housekeeping		Butterfield Health Care Group, Inc.	100.00%	2		2	2
3	V	4 Laundry		Butterfield Health Care Group, Inc.	100.00%	135		135	3
4	V	5 Utilities		Butterfield Health Care Group, Inc.	100.00%	1,282		1,282	4
5	V	6 Maintenance		Butterfield Health Care Group, Inc.	100.00%	35,336		35,336	5
6	V	9 Medical Director		Butterfield Health Care Group, Inc.	100.00%	6,575		6,575	6
7	V	17 Administrative		Butterfield Health Care Group, Inc.	100.00%	133,497		133,497	7
8	V	19 Professional Services		Butterfield Health Care Group, Inc.	100.00%	31,635		31,635	8
9	V	20 Fees, Subscriptions & Promotions		Butterfield Health Care Group, Inc.	100.00%	534		534	9
10	V	21 Clerical & General Office		Butterfield Health Care Group, Inc.	100.00%	100,555		100,555	10
11	V	23 Inservice Training & Education		Butterfield Health Care Group, Inc.	100.00%	457		457	11
12	V	24 Travel & Seminar		Butterfield Health Care Group, Inc.	100.00%	1,462		1,462	12
13	V	25 Other Admin Staff Transportation		Butterfield Health Care Group, Inc.	100.00%	3,163		3,163	13
14	Total		\$			\$ 315,358	\$ *	315,358	14

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

**Butterfield Health Care VIII, LLC**  
**D/B/A Meadowbrook Manor of LaGrange**  
**Provider #0047274**  
**12/31/2009**

**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%
Vangel Family Investments LLP	25%
Christopher Vangel Descendant's GST Exempt Trusd U/A D 6/21/99	5%
Katherine Hocuk Descendant's GST Exempt Trusd U/A D 6/21/99	5%
	<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	27 Mgmt Alloc of Benefits	\$	Butterfield Health Care Group, Inc.	100.00%	\$ 37,757	\$	37,757	15
16	V	30 Depreciation		Butterfield Health Care Group, Inc.	100.00%	10,220		10,220	16
17	V	32 Interest Expense		Butterfield Health Care Group, Inc.	100.00%	239		239	17
18	V	34 Rent-Facility & Grounds		Butterfield Health Care Group, Inc.	100.00%	7,106		7,106	18
19	V	35 Rent-Equipment & Vehicles		Butterfield Health Care Group, Inc.	100.00%	1,394		1,394	19
20	V	43 Other-Nonallowable		Butterfield Health Care Group, Inc.	100.00%	2,129		2,129	20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$			\$ 58,845	\$ *	58,845	39

\* 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	19 Professional Fees	\$	MML Properties, LLC	100.00%	\$ 6,183	\$ 6,183	15
16	V	20 Fees & Subscriptions		MML Properties, LLC	100.00%	250	250	16
17	V	26 Insurance-Prop., Liab., Malpr.		MML Properties, LLC	100.00%	20,257	20,257	17
18	V	30 Depreciation		MML Properties, LLC	100.00%	125,323	125,323	18
19	V	32 Interest Expense		MML Properties, LLC	100.00%	220,698	220,698	19
20	V	32 Amort of Mortgage Costs		MML Properties, LLC	100.00%	13,474	13,474	20
21	V	33 Real Estate Taxes		MML Properties, LLC	100.00%	309,507	309,507	21
22	V	34 Rent	1,320,000	MML Properties, LLC	100.00%		(1,320,000)	22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 1,320,000			\$ 695,692	\$ * (624,308)	39

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

Facility Name & ID Number Meadowbrook Manor LaGrange # 0047274 Report Period Beginning: 01/01/09 Ending: 12/31/09

## 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	Christopher Vangel	Operating Supv.	Administrative	5.00	138,052	8	20.00	Mgt Salaries	\$ 13,596	17(7)	1
2	Nick Vangel	Operating Supv.	Administrative	12.50	90,564	2	5.00	Mgt Salaries	3,821	17(7)	2
3	Dorothy Vangel	Operating Supv.	Administrative	12.50	72,000	0	0.00	N/A	0	N/A	3
4	Kathy Hocuk	Empl. Benefits Admin	Administrative	5.00	12,726	2	5.00	Mgt Salaries	2,620	17(7)	4
5	Robert Jafari	Consultant	Administrative	25.00	71,931	0	0.00	Prof Fees	16,069	19(7)	5
6	Kianoosh Jafari	Medical Director	Administrative	25.00	29,425	10	25.00	Med Director	6,575	9(7)	6
7											7
8	Note 1: Christopher Vangel received a salary of \$72,000 from Seneca Nursing Home, Inc. d/b/a Lee Manor.										
9	Note 2: Nick Vangel received a salary of \$72,000 from Seneca Nursing Home, Inc. d/b/a Lee Manor.										
10	Note 3: Dorothy Vangel received a salary of \$72,000 from Seneca Nursing Home, Inc. d/b/a Lee Manor.										
11											11
12											12
13								TOTAL	\$ 42,681		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:

01/01/09

Ending: 12/31/09

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, IL 60181  
 Phone Number ( 630) 932-3220  
 Fax Number ( 630) 759-4406

1	2	3	4	5	6	7	8	9	
Schedule V	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	
Line Reference									
1	2	Food	Resident Days	3	\$ 3,971	\$	41,151	\$ 725	1
2	3	Housekeeping	Resident Days	3	11		41,151	2	2
3	4	Laundry	Resident Days	3	740		41,151	135	3
4	5	Utilities	Resident Days	3	7,021		41,151	1,282	4
5	6	Maintenance	Resident Days	3	193,478	177,319	41,151	35,336	5
6	9	Medical Director	Resident Days	3	36,000		41,151	6,575	6
7	17	Administrative	Resident Days	3	730,958	730,958	41,151	133,497	7
8	19	Professional Services	Resident Days	3	173,216		41,151	31,635	8
9	20	Fees, Subscriptions & Promotions	Resident Days	3	2,926		41,151	534	9
10	21	Clerical & General Office	Resident Days	3	550,583	411,970	41,151	100,555	10
11	23	Inservice Training & Education	Resident Days	3	2,500		41,151	457	11
12	24	Travel & Seminar	Resident Days	3	8,005		41,151	1,462	12
13	25	Other Admin Staff Transportatior	Resident Days	3	17,321		41,151	3,163	13
14	27	Mgmt Alloc of Benefits	Resident Days	3	206,734		41,151	37,757	14
15	30	Depreciation	Resident Days	3	55,958		41,151	10,220	15
16	32	Interest Expense	Resident Days	3	1,310		41,151	239	16
17	34	Rent-Facility & Grounds	Resident Days	3	38,911		41,151	7,106	17
18	35	Rent-Equipment & Vehicles	Resident Days	3	7,635		41,151	1,394	18
19	43	Other-Nonallowable	Resident Days	3	11,658		41,151	2,129	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 2,048,936	\$ 1,320,247		\$ 374,203	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Meadowbrook Manor LaGrange

# 0047274

Report Period Beginning:

01/01/09

Ending:

12/31/09

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		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
										Related** YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																			
<b>Long-Term</b>																			
1	JP Morgan Chase	X	Mortgage	\$28,630.00	08/25/08	\$ 3,600,000	\$ 2,785,288	8/25/10	0.0735	\$ 220,698	1								
2	JP Morgan Chase	X	Amortization of Loan Costs							13,474	2								
3	Omnicare	X	Trade Payables	\$3,030.00	3/19/09	160,395	138,582	3/20/14	0.0500	5,457	3								
4											4								
5											5								
<b>Working Capital</b>																			
6	JP Morgan Chase	X	Working Capital	\$7,804.00	10/31/05	1,500,000	465,000	7/1/10	0.0525	8,173	6								
7	JP Morgan Chase	X	Working Capital	N/A	08/25/05	1,357,500	1,107,500	8/25/10	Prime-.5	19,467	7								
8											8								
9	<b>TOTAL Facility Related</b>			\$39,464.00		\$ 6,617,895	\$ 4,496,370			\$ 267,269	9								
<b>B. Non-Facility Related*</b>																			
10										Offset Interest Income	(6,257)	10							
11												11							
12												12							
13										Allocated from Mgmt Co.	239	13							
14	<b>TOTAL Non-Facility Related</b>					\$	\$			\$ (6,018)	14								
15	<b>TOTALS (line 9+line14)</b>					\$ 6,617,895	\$ 4,496,370			\$ 261,251	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.)





Facility Name & ID Number Meadowbrook Manor LaGrange

# 0047274

Report Period Beginning:

01/01/09

Ending:

12/31/09

X. BUILDING AND GENERAL INFORMATION:

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

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

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

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

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

XI. OWNERSHIP COSTS:

Table with 5 columns: Use, Square Feet, Year Acquired, Cost, and an index column. Row 1: Resident Care, 178,272, 2005, \$1,561,408, 1. Row 2: (blank), (blank), (blank), (blank), 2. Row 3: TOTALS, 178,272, (blank), \$1,561,408, 3.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Meadowbrook Manor LaGrange

# 0047274

Report Period Beginning:

01/01/09

Ending:

12/31/09

**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	\$	40	\$ 66,154	\$ 66,154	\$ 297,693	4
5			2009	510,195		40	6,377	6,377	6,377	5
6										6
7										7
8										8
	<b>Improvement Type**</b>									
9	Install compressor		2005	1,750	175	10	175		787	9
10	Elevator overhaul		2005	4,245	424	10	424		1,908	10
11	Front porch carpeting		2005	2,086	209	10	209		941	11
12	Remodel 1st floor - tile & paint		2005	26,770	2,677	10	2,677		11,973	12
13	Refurbish boiler		2005	21,650	2,165	10	2,165		9,743	13
14	Furnish & install boiler feed pump		2005	2,750	275	10	275		1,238	14
15	Furnish & install condensate pump		2005	2,565	256	10	256		1,152	15
16	Furnish & install extrol & relief valve		2005	1,729	173	10	173		778	16
17										17
18	Sign		2006	8,725	873	10	873		3,055	18
19	Remodel 1st floor - tile, paint & draperies		2006	37,805	3,781	10	3,781		13,233	19
20	Remodel 1st floor - carpet		2006	6,831	683	10	683		2,391	20
21	Fire Department standpipe connections		2006	1,443	144	10	144		504	21
22	Furnish & install new heating coil on MUA unit		2006	5,595	560	10	560		1,960	22
23	Repair MUA		2006	3,300	330	10	330		1,155	23
24	Repair water line/pipe		2006	4,800	480	10	480		1,680	24
25	Dialysis room		2006	57,470	5,747	10	5,747		19,905	25
26	Replace faulty fuses		2006	3,590	359	10	359		1,257	26
27	Install panic exit door devices		2006	8,400	840	10	840		2,940	27
28										28
29	Electrical Repairs		2007	4,590	459	10	459		1,148	29
30	Wiremold, covers, cables & supplies for Satellite TV		2007	15,787	1,579	10	1,579		3,947	30
31	Cable & Phone Lines - Installation & Termination		2007	58,250	5,825	10	5,825		14,563	31
32	Remove, repair & replace tile & wood, repair downspouts		2007	2,569	257	10	257		642	32
33	Install 5 new 2 1/2 fire hose valves		2007	4,160	416	10	416		1,040	33
34	Demolition & removal of house and garage - 339 S. Ninth St.		2007	11,225	1,122	10	1,122		2,805	34
35										35
36										36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Meadowbrook Manor LaGrange

# 0047274

Report Period Beginning:

01/01/09

Ending:

12/31/09

## 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	New doors, hardware, laminating & refinishing for Dementia	2008	\$ 7,540	\$ 754	10	\$ 754	\$	\$ 1,131	37
38	Repair parking lot lights (ballasts, cutting asphalt, trenching								38
39	& running new wiring)	2008	4,989	499	10	499		748	39
40	Roof Repairs (rear emergency room entrance & front entrance)	2008	3,949	395	10	395		592	40
41	Wiring - Therapy room	2008	5,879	588	10	588		882	41
42	Chimney Cap & Tuckpointing	2008	11,993	1,199	10	1,199		1,799	42
43	Rebuilt compressor for HVAC unit	2008	19,864	1,986	10	1,986		2,979	43
44									44
45	R&M Reclasses								45
46	- Emergency service for steam leak on heating system-								46
47	furnished & installed new diaphragm & steam trap.	2008	4,699		10	470	470	705	47
48	- Emergency service for no heat - furnished & installed								48
49	new fluid head & valve body.	2008	3,045		10	305	305	457	49
50	- Tile flooring for facility	2008	14,637		10	1,464	1,464	2,196	50
51									51
52	Concrete flooring, electrical, new tub & faucet, drywall,	2009	26,068		10	1,303	1,303	1,303	52
53	studs & reframe door for Laundry Room Remodel								53
54	Repair masonry on top of building	2009	6,241		10	312	312	312	54
55	Install outdoor lighting	2009	11,332		10	567	567	567	55
56	replace 2 shower valves & trims	2009	2,755		10	138	138	138	56
57	Fill & roll potholes, crack sealing, sealcoating & striping	2009	6,000		10	300	300	300	57
58	parking lot								58
59									59
60	R&M Reclasses								60
61	-Remove and replace automatic transfer switch	2009	3,695		10	185	185	185	61
62	-Replace air separator and rework piping for new style	2009	5,350		10	268	268	268	62
63	air separator.								63
64	-Air conditioner -repair leaks, add drier cores and refrigerant	2009	5,204		10	260	260	260	64
65	replace belt and pulley								65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 3,597,695	\$ 35,230		\$ 113,333	\$ 78,103	\$ 419,637	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 767,905	\$ 25,157	\$ 78,523	\$ 53,366	5-10	\$ 336,570	71
72	Current Year Purchases	34,514		1,726	1,726	10	1,726	72
73	Fully Depreciated Assets							73
74	Allocated from Management Company			10,220	10,220			74
75	TOTALS	\$ 802,419	\$ 25,157	\$ 90,469	\$ 65,312		\$ 338,296	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)	\$ 5,961,522	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 60,387	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 203,802	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 143,415	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 757,933	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	CIP	\$ 71,144	92
93			93
94			94
95		\$ 71,144	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								5
6	<u>Allocated from Management Co.</u>				<u>7,106</u>			6
7	TOTAL				\$ <u>7,106</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: \$ 51,739 Description: Mattress & Beds-\$40,460; Maint. Equip-\$2,801; Copier-\$7,084; Mgmt Co.-\$1394

(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	<u>N/A</u>		\$	\$	17
18					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. \_\_\_\_\_ /2010 \$ \_\_\_\_\_

13. \_\_\_\_\_ /2011 \$ \_\_\_\_\_

14. \_\_\_\_\_ /2012 \$ \_\_\_\_\_

\* 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	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
  - (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.
- 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 (1,3)	5134	hrs	\$ 169,218	408	\$ 29,411	\$	5,542	\$ 198,629	1
2	Licensed Speech and Language Development Therapist	10A (1,3)	2052	hrs	67,633				2,052	67,633	2
3	Licensed Recreational Therapist			hrs							3
4	Licensed Physical Therapist	10A (1,2,3)	3983	hrs	131,277	612	44,072	2,676	4,595	178,025	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 prescripts				243,217		243,217	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs							10
11	Academic Education			hrs							11
12	Other (specify): <u>Dialysis Services</u>	39 (3)				1,087	78,293		1,087	78,293	12
13	Other (specify): <u>Oxygen</u>	39 (2)						47,786		47,786	13
14	<b>TOTAL</b>				\$ 368,128	2,107	\$ 151,776	\$ 293,679	13,276	\$ 813,583	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 &amp; ID Number Meadowbrook Manor LaGrange

# 0047274

Report Period Beginning: 01/01/09

Ending:

12/31/09

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/09

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 331,400	\$ 337,767	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>369,483</u> )	2,152,964	2,152,964	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	78,063	87,548	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	174,677	174,677	8
9	Other(specify): <u>Employee Advances</u>	1,424	1,424	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 2,738,528	\$ 2,754,380	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		3,156,370	14
15	Leasehold Improvements, at Historical Cost	390,985	441,325	15
16	Equipment, at Historical Cost	224,438	802,419	16
17	Accumulated Depreciation (book methods)	(184,958)	(757,933)	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):	69,644	581,339	22
23	Other(specify): <u>Mortgage Costs</u>		8,786	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 500,109	\$ 5,793,714	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 3,238,637	\$ 8,548,094	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 694,371	\$ 699,833	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	465,000	465,000	29
30	Accrued Salaries Payable	192,178	192,178	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)		309,000	32
33	Accrued Interest Payable	4,334	4,334	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>Accrued Payroll Taxes</u>	13,266	13,266	36
37	<u>Due to Related Parties</u>	7,597,228	5,976,639	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 8,966,377	\$ 7,660,250	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable	1,246,082	1,246,082	39
40	Mortgage Payable		2,785,288	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<u>Note Payable-Vendor Liability</u>	14,902	14,902	43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 1,260,984	\$ 4,046,272	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 10,227,361	\$ 11,706,522	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (6,988,724)	\$ (3,158,428)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 3,238,637	\$ 8,548,094	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1</b> <b>Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>(6,243,716)</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>(6,243,716)</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	(745,007)	<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>Rounding</b>	(1)	<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>(745,008)</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>(6,988,724)</b>	<b>24</b> *

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Meadowbrook Manor LaGrange

# 0047274

Report Period Beginning: 01/01/09

Ending: 12/31/09

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 6,687,603	1
2	Discounts and Allowances for all Levels	(253,931)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 6,433,672	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	893,101	6
7	Oxygen	68,595	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 961,696	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	309	13
14	Non-Patient Meals	858	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	266,158	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	3,698	19
20	Radiology and X-Ray	8,160	20
21	Other Medical Services	96,168	21
22	Laundry	7,235	22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 382,586	23
<b>D. Non-Operating Revenue</b>			
24	Contributions	50	24
25	Interest and Other Investment Income***	6,257	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 6,307	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>Vending Income</u>	421	28
28a	<u>Miscellaneous Income</u>	170	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 591	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 7,784,852	30

Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,215,757	31
32	Health Care	3,766,481	32
33	General Administration	1,345,046	33
<b>B. Capital Expense</b>			
34	Ownership	1,463,829	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	630,888	35
36	Provider Participation Fee	107,858	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 8,529,859	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(745,007)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (745,007)	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:

01/01/09

Ending:

12/31/09

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	2,003	2,189	\$ 97,855	\$ 44.70	1
2	Assistant Director of Nursing	1,805	2,038	66,888	32.82	2
3	Registered Nurses	13,486	13,486	355,900	26.39	3
4	Licensed Practical Nurses	39,287	44,698	1,067,825	23.89	4
5	CNAs & Orderlies	77,271	85,783	1,004,522	11.71	5
6	CNA Trainees					6
7	Licensed Therapist	9,045	9,909	368,128	37.15	7
8	Rehab/Therapy Aides	5,110	5,536	93,670	16.92	8
9	Activity Director					9
10	Activity Assistants	9,641	10,508	105,662	10.06	10
11	Social Service Workers	1,952	2,142	46,386	21.66	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	20,654	22,055	234,006	10.61	15
16	Dishwashers					16
17	Maintenance Workers	5,355	6,065	81,621	13.46	17
18	Housekeepers	21,118	22,245	204,427	9.19	18
19	Laundry	6,582	6,864	55,943	8.15	19
20	Administrator	2,124	2,407	102,672	42.66	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	10,475	11,306	174,695	15.45	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	2,080	2,210	28,698	12.99	31
32	Other Health C: See Sch 20A	6,933	7,652	154,275	20.16	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	234,921	257,093	\$ 4,243,173 *	\$ 16.50	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	320	\$ 13,424	L1, C3	35
36	Medical Director	Monthly	18,000	L9, C3	36
37	Medical Records Consultant	2	390	L10, C3	37
38	Nurse Consultant	229	8,178	L10, C3	38
39	Pharmacist Consultant	298	6,495	L10, C3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	48	2,574	L11, C3	44
45	Social Service Consultant	45	2,537	L12, C3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	942	\$ 51,598		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

Meadowbrook Manor LaGrange  
d/b/a Meadowbrook Manor LaGrange  
Provider # 0047274  
12/31/2009

**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
Nursing Administration	2,825	3,096	89,741	28.99
Central Supply	2,016	2,280	37,288	16.35
Ward Clerks	2,092	2,276	27,246	11.97
<b>Total Line 32 - Other</b>	<b>6,933</b>	<b>7,652</b>	<b>154,275</b>	<b>20.16</b>

SEE ACCOUNTANTS' COMPILATION REPORT

**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	
David Shires	Administrator	0	\$ 102,672	Workers' Compensation Insurance	\$ 45,732	IDPH License Fee	\$ 995	
				Unemployment Compensation Insurance	104,768	Advertising: Employee Recruitment	1,983	
				FICA Taxes	314,123	Health Care Worker Background Check		
				Employee Health Insurance	134,102	(Indicate # of checks performed 143 )	1,295	
				Employee Meals		Patient Background Checks	133	
				Illinois Municipal Retirement Fund (IMRF)*			1,205	
				Employee Retirement	10,913	See Schedule 21A	28,924	
				Other Employee Benefits	24,954			
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 102,672	TOTAL (agree to Schedule V, line 22, col.8)		\$ 634,592		
B. Administrative - Other							Less: Public Relations Expense ( )	
Description			Amount				Non-allowable advertising ( )	
N/A			\$				Yellow page advertising ( )	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$				TOTAL (agree to Sch. V, line 20, col. 8)	
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount
See Schedule 21A			\$ 148,611	N/A			Out-of-State Travel	\$
							In-State Travel	
							Seminar Expense	1,032
							Allocated from Management Co.	1,462
							Entertainment Expense	( )
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 148,611	TOTAL		\$	TOTAL (agree to Sch. V, line 24, col. 8)	\$ 2,494

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

\*\*See instructions.

Butterfield Health Care VII, LLC  
Meadowbrook Manor LaGrange  
Provider # 0047274  
12/31/2008

**Schedule 21A**

Schedule XIX (C) - Professional Fees.

<u>Vendor/Payee</u>	<u>Type</u>	<u>Amount</u>
Polsinelli Shughart PC	Legal	11,099
Seyfarth Shaw Attorneys	Legal	9,573
Scott & Kraus LLC	Legal	1,133
Foley & Associates	Legal	6,000
The Sechen Law Group PC	Legal	1,781
Morgan Lewis & Bockus LLP	Legal	21,255
Grabowski Law Center LLC	Legal	389
Hamilton Thies Lorch & Hagnell	Legal	730
McGladrey & Pullen LLP	Accounting	16,678
Wescomm Solutions Inc	Computer Services	12,790
Ivans	Computer Services	1,111
Titan Electronics Inc	Computer Services	190
Health Data Systems	Computer Services	150
Precision Repair	Computer Services	1,350
Visionshare	Computer Services	460
Systematic Mgmt Services	Operations	5,000
Rehab Management Services	Billing Service	40,800
ADP Inc.	Professional Services	10,948
Innovative LTC Solutions	Billing Service	8,074
Cardiac Diagnostics	Billing Service	26
Beitler Staffing Services	Professional Services	(8,000)
DLA Piper US LLP	Professional Services	38
Life Safety Resources	Professional Services	740
Schain, Burney, Ross & Citron	Professional Services	3,062
T1 Visions	Professional Services	2,500
Unemployment Consultants	U/E Consultant	734
<b>TOTAL (agree to Schedule V, line 19, column 3)</b>		<b>148,611</b>
Allocation from MML Properties - Accounting		5,462
Allocation from MML Properties - Legal		721
Allocation from Butterfield Health Care Group - Accounting & Other Prof Svcs		30,301
Less: Disallowed legal fees		(32,966)
<b>TOTAL (agree to Schedule V, line 19, column 8)</b>		<b>152,129</b>

**F. Dues, Fees, Subscriptions and Promotions**

<u>Description</u>	<u>Amount</u>
Illinois Council on Long Term Care	15,957
E Health Data	4,365
Miscellaneous Dues	338
Miscellaneous Licenses	3,846
Miscellaneous Subscriptions	3,634
Allocated from Butterfield Health Care Group	534
Allocated from MML Properties	250
SUBTOTAL	<u>28,924</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	Amount of Expense Amortized Per Year								
FY2006					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	
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

Facility Name &amp; ID Number Meadowbrook Manor LaGrange

# 0047274

Report Period Beginning:

01/01/09

Ending:

12/31/09

**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. IL Council on Long Term Care-\$15,957
- (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 Yrs.
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 41,807 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions 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. \$ 107,858  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed 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. \$ N/A Has any meal income been offset against related costs? Yes Indicate the amount. \$ 858
- (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
- (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**