



Facility Name & ID Number Meadowbrook Manor

# 0037366 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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	298	Skilled (SNF)	298	108,770	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	298	TOTALS	298	108,770	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	3,808	54	15,379	19,241	8
9	SNF/PED					9
10	ICF	72,567	8,887	683	82,137	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	76,375	8,941	16,062	101,378	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 93.20%

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 11/05/91

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

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 298 and days of care provided 13,499

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/10 Fiscal Year: 12/31/10

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

Facility Name & ID Number Meadowbrook Manor # 0037366 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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	524,871	80,485	17,052	622,408		622,408		622,408		1
2	Food Purchase		625,278		625,278		625,278	74	625,352		2
3	Housekeeping	358,525	110,569		469,094		469,094		469,094		3
4	Laundry	96,450	72,837		169,287		169,287		169,287		4
5	Heat and Other Utilities			330,364	330,364		330,364	1,068	331,432		5
6	Maintenance	95,348	23,864	237,510	356,722		356,722	32,819	389,541		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	1,075,194	913,033	584,926	2,573,153		2,573,153	33,961	2,607,114		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			27,000	27,000		27,000	19,286	46,286		9
10	Nursing and Medical Records	5,411,564	568,905	47,828	6,028,297		6,028,297		6,028,297		10
10a	Therapy	1,327,545	4,995	5,890	1,338,430		1,338,430		1,338,430		10a
11	Activities	211,901	17,971	2,912	232,784		232,784		232,784		11
12	Social Services	168,376	45	1,840	170,261		170,261		170,261		12
13	CNA Training	43,949			43,949		43,949		43,949		13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	7,163,335	591,916	85,470	7,840,721		7,840,721	19,286	7,860,007		16
	<b>C. General Administration</b>										
17	Administrative	102,568		1,130,000	1,232,568		1,232,568	(749,481)	483,087		17
18	Directors Fees										18
19	Professional Services			224,054	224,054		224,054	68,803	292,857		19
20	Dues, Fees, Subscriptions & Promotions			45,717	45,717		45,717	(9,590)	36,127		20
21	Clerical & General Office Expenses	236,067	49,156	1,673,209	1,958,432		1,958,432	188,484	2,146,916		21
22	Employee Benefits & Payroll Taxes			1,198,373	1,198,373		1,198,373		1,198,373		22
23	Inservice Training & Education			13,691	13,691		13,691	765	14,456		23
24	Travel and Seminar							2,380	2,380		24
25	Other Admin. Staff Transportation			1,043	1,043		1,043	9,014	10,057		25
26	Insurance-Prop.Liab.Malpractice			305,392	305,392		305,392	143,088	448,480		26
27	Other (specify):* <b>Mgmt. Alloc of Benefi</b>							97,999	97,999		27
28	<b>TOTAL General Administration</b>	338,635	49,156	4,591,479	4,979,270		4,979,270	(248,538)	4,730,732		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	8,577,164	1,554,105	5,261,875	15,393,144		15,393,144	(195,291)	15,197,853		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 &amp; ID Number

Meadowbrook Manor

#0037366

Report Period Beginning:

01/01/2010

Ending:

12/31/2010

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			200,009	200,009		200,009	362,909	562,918			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			50,883	50,883		50,883	934,806	985,689			32
33	Real Estate Taxes							320,214	320,214			33
34	Rent-Facility & Grounds			1,963,100	1,963,100		1,963,100	(1,934,760)	28,340			34
35	Rent-Equipment & Vehicles			75,578	75,578		75,578	21,297	96,875			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			2,289,570	2,289,570		2,289,570	(295,534)	1,994,036			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation			24,872	24,872		24,872		24,872			38
39	Ancillary Service Centers		746,054	139,196	885,250		885,250		885,250			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			163,155	163,155		163,155		163,155			42
43	Other (specify):* <b>Non-Allowable Cos</b>			573,329	573,329		573,329	(573,329)				43
44	<b>TOTAL Special Cost Centers</b>		746,054	900,552	1,646,606		1,646,606	(573,329)	1,073,277			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	8,577,164	2,300,159	8,451,997	19,329,320		19,329,320	(1,064,154)	18,265,166			45

\*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

Facility Name & ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/2010

Ending:

12/31/2010

**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	(1,005)	2		4
5	Telephone, TV & Radio in Resident Rooms	(8,567)	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	6,350	30		9
10	Interest and Other Investment Income	(70,397)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(934)	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	(5,489)	43		18
19	Entertainment	(404)	43		19
20	Contributions	(2,848)	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	(445,115)	43		24
25	Fund Raising, Advertising and Promotional	(11,513)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(26,566)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(2,508)	43		28
29	Other-Attach Schedule See Pg 5A	(158,881)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (727,877)		\$	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)	(336,277)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (336,277)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (1,064,154)		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	52

SEE ACCOUNTANTS' COMPILATION REPORT

Meadowbrook Manor

ID# 0037366

Report Period Beginning: 01/01/2010

Ending: 12/31/2010

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Labs-Part A	\$ (9,093)	43	1
2	X-Rays-Part A	(29,514)	43	2
3	Consolidated Billing Services	(32,220)	43	3
4	Out of period legal	(170)	19	4
5	Reclass R&M per HFS guidelines	(63,247)	6	5
6	Patient Clothing	(133)	43	6
7	Misc. Income	2,127	21	7
8	Employee Gifts	(14,164)	43	8
9	Resident gifts	(1,413)	43	9
10	COPE fees	(11,054)	20	10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
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40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(158,881)		49

**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, L.P.	Bolingbrook	Lessor
		Meadowbrook Manor of Naperville		MMN Partners, L.P.	Naperville	Lessor
		Butterfield Health Care VII, LLC d/b/a	LaGrange	Butterfield Health		
		Meadowbrook Manor of LaGrange		Care Group, Inc.	Bolingbrook	Management Co.
				MML Properties, LLC	LaGrange	Lessor
		Seneca Nursing Home, Inc. d/b/a Lee Manor	Des Plaines	Seneca Building, LP	Des Plaines	Lessor

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
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%	\$ 1,078	\$	1,078	1
2	V	3 Housekeeping		Butterfield Health Care Group, Inc.	100.00%				2
3	V	5 Utilities		Butterfield Health Care Group, Inc.	100.00%	1,068		1,068	3
4	V	6 Repairs & Maintenance		Butterfield Health Care Group, Inc.	100.00%	96,067		96,067	4
5	V	9 Medical Director		Butterfield Health Care Group, Inc.	100.00%	19,286		19,286	5
6	V	11 Activities		Butterfield Health Care Group, Inc.	100.00%	19		19	6
7	V	17 Administrative Costs	1,130,000	Butterfield Health Care Group, Inc.	100.00%	380,519		(749,481)	7
8	V	19 Professional Services		Butterfield Health Care Group, Inc.	100.00%	53,425		53,425	8
9	V	20 Dues, Fees & Subscriptions		Butterfield Health Care Group, Inc.	100.00%	1,214		1,214	9
10	V	21 Clerical & General Office exp.		Butterfield Health Care Group, Inc.	100.00%	204,466		204,466	10
11	V	23 Training & Education		Butterfield Health Care Group, Inc.	100.00%	765		765	11
12	V	24 Travel & Seminar		Butterfield Health Care Group, Inc.	100.00%	2,380		2,380	12
13	V	25 Auto Expense		Butterfield Health Care Group, Inc.	100.00%	9,014		9,014	13
14	Total		\$ 1,130,000			\$ 769,301	\$ *	(360,699)	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	27 Employee Benefits General & Admin.	\$	Butterfield Health Care Group, Inc.	100.00%	\$ 97,999	\$ 97,999	15
16	V	30 Depreciation		Butterfield Health Care Group, Inc.	100.00%	29,989	29,989	16
17	V	32 Interest		Butterfield Health Care Group, Inc.	100.00%	424	424	17
18	V	34 Rent Building	2,569	Butterfield Health Care Group, Inc.	100.00%	28,340	25,771	18
19	V	35 Equipment Rental		Butterfield Health Care Group, Inc.	100.00%	3,080	3,080	19
20	V	43 Marketing		Butterfield Health Care Group, Inc.	100.00%	7,135	7,135	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		\$ 2,569			\$ 166,967	\$ * 164,398	39

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

Butterfield Health Care, Inc.  
D/B/A Meadowbrook Manor  
Provider # 0037366  
12/31/2010

Schedule 6A

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

<u>Name</u>	<u>Ownership %</u>
Robert Jafari	25.00%
Kianoosh Jafari	25.00%
Descendants S Corp Trust F/B/O Sean William Dimas	6.67%
Descendants S Corp Trust F/B/O Sasha Eva Dimas	6.67%
Descendants S Corp Trust F/B/O Ashley Maria Dimas	6.66%
Vangel Family Investments, LLP	20.00%
Dorothy Vangel QSS Trust	7.50%
Descendants Non GST Exempt S-Corp Trust F/B/O Ashley Maria Dimas	0.50%
Descendants Non GST Exempt S-Corp Trust F/B/O Sasha Eva Dimas	0.50%
Descendants Non GST Exempt S-Corp Trust F/B/O Sean William Dimas	0.50%
Descendants GST Exempt S-Corp Trust F/B/O Katherine Hocuk	0.50%
Descendants GST Exempt S-Corp Trust F/B/O Christopher Vangel	0.50%
	<u>100.00%</u>

**See Accountants' Compilation Report**

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	19 Professional Services	\$	J&D Partners, L.P.	100.00%	\$ 15,548	\$ 15,548
16	V	20 Dues, Fees & Subscriptions		J&D Partners, L.P.	100.00%	250	250
17	V	21 Clerical - Other		J&D Partners, L.P.	100.00%	108	108
18	V	26 Insurance - Prop & Liability		J&D Partners, L.P.	100.00%	143,088	143,088
19	V	30 Depreciation		J&D Partners, L.P.	100.00%	326,570	326,570
20	V	32 Interest	448	J&D Partners, L.P.	100.00%	1,007,797	1,007,349
21	V	33 Real Estate Taxes		J&D Partners, L.P.	100.00%	320,214	320,214
22	V	34 Rent - Facility & Grounds	1,963,100	J&D Partners, L.P.	100.00%		(1,963,100)
23	V	43 Non-Allowable costs		J&D Partners, L.P.	100.00%	9,997	9,997
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,963,548			\$ 1,823,572	\$ * (139,976)

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

Facility Name &amp; ID Number

Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/2010

Ending:

12/31/2010

## 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 Supvsr.	Administrative	5.00	49,668	8	20.00	Mgt Salaries	\$ 39,699	17(7)	1
2	Nicholas Vangel	Operating Supvsr.	Administrative	12.50	22,548	2	5.00	Mgt Salaries	18,023	17(7)	2
3	Dorothy Vangel	Operating Supvsr.	Administrative	12.50				N/A		N/A	3
4	Kathy Hocuk	Empl Benefits Admin	Administrative	5.00	8,670	2	5.00	Mgt Salaries	6,930	17(7)	4
5	Robert Jafari	Consultant	Administrative	25.00	22,264	2	5.00	Prof Fees	17,736	19(7)	5
6	Kianoosh Jafari	Medical Director	Administrative	25.00	21,892	10	25.00	Medical Director	17,441	9(7)	6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 99,829		13

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/2010

Ending: 2/31/2010

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization Butterfield Health Care Group, Inc.  
 Street Address 18 W. 140 Butterfield Road, Suite 1670  
 City / State / Zip Code Oak Brook Terrace, IL 60181  
 Phone Number (630) 932-3220  
 Fax Number (630) 759-4406

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	2	Food	Resident Days	226,701	3	\$ 2,433	\$ 100,510	\$ 1,080	1	
2	3	Housekeeping	Resident Days	226,701	3		100,510	0	2	
3	5	Utilities	Resident Days	226,701	3	2,409	100,510	1,068	3	
4	6	Repairs & Maintenance	Resident Days	226,701	3	216,679	207,750	100,510	96,067	4
5	9	Medical Director	Resident Days	226,701	3	43,500	100,510	19,286	5	
6	11	Activities	Resident Days	226,701	3	43	100,510	19	6	
7	17	Administrative Costs	Resident Days	226,701	3	858,263	858,263	100,510	380,519	7
8	19	Professional Services	Resident Days	226,701	3	120,501	100,510	53,425	8	
9	20	Dues, Fees & Subscriptions	Resident Days	226,701	3	2,737	100,510	1,213	9	
10	21	Clerical & General Office exp.	Resident Days	226,701	3	461,174	351,945	100,510	204,466	10
11	23	Training & Education	Resident Days	226,701	3	1,725	100,510	765	11	
12	24	Travel & Seminar	Resident Days	226,701	3	5,369	100,510	2,380	12	
13	25	Auto Expense	Resident Days	226,701	3	20,332	100,510	9,014	13	
14	27	Employee Benefits General & Admin.	Resident Days	226,701	3	221,037	100,510	97,999	14	
15	30	Depreciation	Resident Days	226,701	3	67,641	100,510	29,989	15	
16	32	Interest	Resident Days	226,701	3	955	100,510	423	16	
17	34	Rent Building	Resident Days	226,701	3	63,922	100,510	28,340	17	
18	35	Equipment Rental	Resident Days	226,701	3	6,947	100,510	3,080	18	
19	43	Marketing	Resident Days	226,701	3	16,094	100,510	7,135	19	
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 2,111,761	\$ 1,417,958	\$ 936,268	25	

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/2010

Ending:

12/31/2010

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10										
										Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
										YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																			
<b>Long-Term</b>																			
1	GMAC	X	Mortgage	\$145,302.25	5/22/03	\$ 20,876,000	\$ 18,964,411	6/1/38	0.0525	\$ 1,002,926	1								
2	GMAC	X	Amortization of Loan Cost							4,871	2								
3											3								
4											4								
5											5								
<b>Working Capital</b>																			
6	JP Morgan Chase	X	Working Capital	N/A	5/31/05	3,000,000	826,523	5/31/11	Prime -.5	25,559	6								
7	Omnicare	X	Trade Payables	\$15,805.00	3/19/09	837,378	566,575	3/20/14	5.0000	34,218	7								
8	See Sch 9A			27,447		160,713	969			(8,894)	8								
9	TOTAL Facility Related			\$188,554.09		\$ 24,874,091	\$ 20,358,478			\$ 1,058,680	9								
<b>B. Non-Facility Related*</b>																			
10										(70,845)	10								
11										(2,146)	11								
12											12								
13											13								
14	TOTAL Non-Facility Related					\$	\$			\$ (72,991)	14								
15	TOTALS (line 9+line14)					\$ 24,874,091	\$ 20,358,478			\$ 985,689	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ N/A Line # N/A

\* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

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.)

Meadowbrook Manor-Bolingbrook  
 FYE 12/31/10  
 0037366  
 IX. Interest Expense

Sch 9A

1	2		3	4	5	6		7	8	9	10
Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	YES	NO				Original	Balance				
Sysco	X		Trade Payable	26,055	5/7/2009	102,613		4/3/2010	7.50%	(8,894)	
Avaya Financial Services	X		Capital Lease	1,392	1/1/2006	58,100	969	1/1/2011	8.00%	-	
				<u>27,447</u>		<u>160,713</u>	<u>969</u>			<u>(8,894)</u>	

See Accountants' Compilation Report





Facility Name & ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/2010 Ending:

12/31/2010

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 109,175 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

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

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's 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).

Day Care

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: \_\_\_\_\_ 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 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<u>Resident Care</u>	<u>270,508</u>	<u>1991</u>	<u>\$ 404,280</u>	<u>1</u>
2	<u>Resident Care</u>	<u>21,286</u>	<u>1996</u>	<u>287,781</u>	<u>2</u>
3	<b>TOTALS</b>	<b>291,794</b>		<b>\$ 692,061</b>	<b>3</b>

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/2010 Ending:

12/31/2010

**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	235	1991	1991	\$ 8,276,993	\$	40	\$ 206,925	\$ 206,925	\$ 3,966,063	4
5	10	1994	1994	31,090	987	40	777	(210)	13,209	5
6	53	1996	1996	2,505,079		40	62,627	62,627	908,092	6
7										7
8										8
	<b>Improvement Type**</b>									
9	1992 Improvements	1992		32,614	1,035	20	1,631	596	30,047	9
10	1993 Improvements	1993		2,750	88	20	138	50	2,415	10
11	1993 Improvements	1993		4,822	156	40	121	(35)	2,117	11
12	1994 Improvements	1994		6,432		10			6,432	12
13	1994 Improvements	1994		18,192		20	910	910	14,105	13
14	1995 Improvements	1995		12,681					12,681	14
15	Electric Exterior Sign	1995		7,820					7,820	15
16	New Doors	1996		1,475					1,475	16
17	Hot Water Tank	1996		3,847					3,847	17
18	Landscaping	1996		13,490					13,490	18
19	Repaving Parking Lot	1996		7,412					7,412	19
20	Replace Irrigation System	1996		27,077					27,077	20
21	Walk in Freezer	1996		29,923					29,923	21
22	Landscaping	1996		17,283					17,283	22
23	Outside Parking Lot Lighting	1997		2,102					2,102	23
24	Nurse Call Station Extension Work	1997		3,310					3,310	24
25	Remodeling Work - Windsor Hall	1997		3,500					3,500	25
26	Basement Remodeling - Street Village Decor	1997		31,614	1,622	39	790	(832)	9,875	26
27	Remodeling Work - Day Care Area	1998		16,638	426	39		(426)		27
28	Remodeling - Ice Cream Parlor	1999		3,624	93	39	93		976	28
29	Remodeling Work - 3rd Floor Hamilton Unit	2000		16,421	421	39	421		4,421	29
30	Remodeling Work - Nurse Station (All Floors)	2000		20,103	515	39	515		5,408	30
31	Plumbing Electrical Work - Boiler Room (Basement)	2000		4,587	118	39	118		1,239	31
32	Remodeling Work - Dialysis Room	2000		7,253	186	39	186		1,953	32
33										33
34										34
35										35
36										36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/2010 Ending: 12/31/2010

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Parking Lot Paving	2001	\$ 48,629	\$ 2,431	20	\$ 2,431	\$	\$ 23,095	37
38	Remodeling Work	2001	13,319	342	39	342		3,248	38
39	Window Treatments	2001	45,531	1,166	39	1,166		11,078	39
40	Double Door Insulation	2001	6,860	176	39	176		1,672	40
41	Carpeting - 1st Floor	2002	33,778	1,688	20	1,688		14,349	41
42	Reconstruct Front Entrance Awning	2002	11,915	596	20	596		5,066	42
43	Window Treatments	2002	4,672	234	20	234		1,989	43
44	Ceiling Tiles	2002	2,306	115	20	115		978	44
45	Exterior Signs	2002	18,832	942	20	942		8,007	45
46	Ceiling Tiles	2003	2,029		10	203	203	1,319	46
47	Ceiling Tiles	2003	916	46	20	46		396	47
48	Exterior Signs	2003	12,600	630	20	630		4,725	48
49	Install 16 Horizontal Tubes in Stairwell	2003	1,600	80	20	80		600	49
50	Electric Work for Dialysis Room	2003	6,736	337	20	337		2,526	50
51	Install 9 Motors on Fire Dampers	2003	3,651	182	20	182		1,365	51
52	Plumbing for Dialysis Room	2003	10,989		10	1,099	1,099	7,143	52
53	Exterior Concrete Patchwork	2003	3,200	160	20	160		1,152	53
54	Ductwork for New Oxygen Room	2003	4,490		10	449	449	2,919	54
55	New Hot Water Storage Tank	2003	8,290		10	829	829	5,388	55
56	Installed 5 Fire Dampers	2003	7,091		10	709	709	4,609	56
57	Installed 5 Smoke Detectors	2003	2,581	2	10	258	256	1,677	57
58	Installation of Sprinklers in Awning	2003	9,624		10	962	962	6,253	58
59	Installed 4 Fire Dampers	2003	3,467		10	346	346	2,249	59
60	Installation of Fence around Dumpster	2003	1,658		10	166	166	1,079	60
61	Sealcoat Parking Lot	2003	5,500		10	550	550	3,575	61
62	Air Conditioner Overhaul	2004	3,769		10	377	377	2,450	62
63	Replace Water Pump	2004	1,473		10	147	147	956	63
64	Install 4 Doors	2004	1,348		10	134	134	871	64
65	Electrical Wiring to Garbage Compactor	2004	2,070		10	207	207	1,346	65
66	Install Sprinkler System - Front Canopy	2004	10,375		10	1,038	1,038	6,747	66
67	Install New Seal on Water Pump	2004	1,793		10	179	179	1,164	67
68	Install Motor on Boiler	2004	1,053		10	105	105	683	68
69	Ceiling Tiles	2004	5,620	281	20	281		1,825	69
70	TOTAL (lines 4 thru 69)		\$ 11,405,897	\$ 15,055		\$ 292,416	\$ 277,361	\$ 5,228,771	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/2010 Ending: 12/31/2010

**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	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 11,405,897	\$ 15,055		\$ 292,416	\$ 277,361	\$ 5,228,771	1
2	Install Blinds	2004	5,002	250	20	250		1,625	2
3	Exterior Lighting	2004	3,808	190	20	190		1,235	3
4	Sealing on Roof	2004	2,300	115	20	115		748	4
5	Install Drainage for Roof	2004	5,000	250	20	250		1,625	5
6	Ceramic Tile for Kitchen	2004	6,221	312	20	312		2,028	6
7	Plant 3 Trees	2004	1,125	56	20	56		364	7
8	Butterfly Garden	2004	3,423	171	20	171		1,112	8
9	Expand Phone System	2005	2,175	108	20	108		594	9
10	Replace Boiler	2005	23,894	1,195	20	1,195		6,572	10
11	Install new Compressor	2005	7,652	383	20	383		2,106	11
12	Install new Coil	2005	7,230	362	20	362		1,991	12
13	Replace fire doors	2005	3,116	156	20	156		858	13
14	Install carpeting in 3 offices	2005	1,608	80	20	80		440	14
15	Install wheelchair access ramp	2005	10,310	516	20	516		2,838	15
16	Sealcoat asphalt	2005	9,650	483	20	483		2,656	16
17	Furnish and install new taco pump - pavilion	2005	5,986	299	20	299		1,645	17
18	Install Blinds	2005	2,242	112	20	112		616	18
19	Exterior Lighting	2005	18,515	926	20	926		5,093	19
20	Furnish and Install new motors, belts & capacitors	2005	3,345	167	20	167		919	20
21	Furnish and install glycol to HVAC system	2005	10,925	546	20	546		3,003	21
22	Install patio	2005	15,232	762	20	762		4,191	22
23	Install wiring for new television	2006	37,345	1,867	20	1,867		8,402	23
24	Install new cabinets and countertops in supply room	2006	4,365	218	20	218		981	24
25	New flooring in dining room	2006	14,451	723	20	723		3,253	25
26	Remove and replace sidewalk section	2006	4,928	246	20	246		1,107	26
27	Replacement parts for air conditioner	2006	9,985	499	20	499		2,246	27
28	Interior signage	2006	13,720	686	20	686		3,087	28
29	Furnish and install new seals, triple duty valves	2006	7,495	375	20	375		1,687	29
30	Furnish and install new compressor	2006	14,500	725	20	725		3,262	30
31	Install new lighting in rehab room	2006	3,825	191	20	191		860	31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 11,665,270	\$ 28,024		\$ 305,385	\$ 277,361	\$ 5,295,915	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/2010 Ending: 12/31/2010

**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	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 11,665,270	\$ 28,024		\$ 305,385	\$ 277,361	\$ 5,295,915	1
2	Tuckpointing on Building Exterior	2007	10,150	1,015	10	1,015		3,553	2
3	Granite Countertops for Lounge	2007	2,575	257	10	257		900	3
4	Purchase & Installation of vinyl & wood flooring	2007	47,794	4,779	10	4,779		16,727	4
5	Rebuild Fire Pump	2007	15,174	1,517	10	1,517		5,310	5
6	Purchase & Installation of cabinets	2007	23,509	2,351	10	2,351		8,228	6
7	Drywall	2007	4,200	420	10	420		1,470	7
8	Replace doors on 3rd floor service elevator & lounge	2007	11,931	1,193	10	1,193		4,176	8
9	Soffit over nurses station, install cleat base & wall cabinets	2007	21,900	2,190	10	2,190		7,665	9
10	Replace lockers in lower level locker room	2007	7,769	777	10	777		2,719	10
11	Electrical work - nurses station, 3rd floor & exterior sign	2007	10,310	1,031	10	1,031		3,609	11
12	Millwork, shop drawings & delivery	2007	4,240	424	10	424		1,484	12
13	Central A/C upgrade	2007	5,806	581	10	581		2,033	13
14									14
15	Window Treatments throughout facility	2008	46,409	4,641	10	4,641		11,602	15
16	Route 53 sign repair	2008	2,900	290	10	290		725	16
17	Therapy room, nutrition room, ice cream parlor, beauty shop	2008	85,060	8,506	10	8,506		21,265	17
18	& Physicians lounge renovations:								18
19	- Remove & install new cabinets, countertops, plumbing,								19
20	doors, electrical (install new outlets), replace drywall								20
21									21
22	R&M Reclass								22
23	- Repair pump #1 & #2 on air conditioning unit (furnish &	2008	6,067		10	607	607	1,517	23
24	install new seal kit, o-rings, water gauges, retainer cap,								24
25	gaskets & wood coupler)								25
26	- Plumbing repairs (schlage)	2008	5,123		10	512	512	1,280	26
27	- Repair main air conditioner (install new valve rebuilt	2008	7,736		10	774	774	1,935	27
28	kit, solenoid coil, relief valves, transducer, adaptor,								28
29	gaskets & drier cores for system # 1)								29
30	- Repair two boilers due to low pressure in system	2008	2,568		10	257	257	642	30
31	- Replace shaft coupler & head and manifold gasket on								31
32	main chiller	2008	2,944		10	294	294	735	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 11,989,435	\$ 57,996		\$ 337,801	\$ 279,805	\$ 5,393,490	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

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## 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	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 11,989,435	\$ 57,996		\$ 337,801	\$ 279,805	\$ 5,393,490	1
2	R&M Reclass								2
3	- Building Sprinkler system repair (clear main feed	2008	4,256		10	426	426	1,065	3
4	blockage, check sprinkler heads on basement - 3rd floor,								4
5	alter pipe pitch per Life safety survey)								5
6	- Fire alarm ( restor basement audio/visual, trace basement	2008	2,641		10	264	264	660	6
7	circuitry to locate disconnect, replace defective motherboard								7
8	reprogram label changes for all buildings)								8
9	- Patching work - hot pour rubberized crack sealing, seal	2008	9,500		10	950	950	2,375	9
10	coating asphalt, striping parking lot								10
11	- Seating wall on patio area, repair sidewalk leading to	2008	3,300		10	330	330	825	11
12	patio area.								12
13	- Vinyl flooring	2008	14,062		10	1,406	1,406	3,515	13
14									14
15									15
16	Replace resident therapy glass windows	2009	3,175	318	10	318		477	16
17	Wiring and Electiral work	2009	5,085	509	10	509		763	17
18	Seal Coating & Striping parking lot	2009	8,500	850	10	850		1,275	18
19									19
20	Parking lot resurfacing	2010	40,500	4,050	10	4,050		4,050	20
21	Pavillion Remodel-Electrical,plumbing,carpentry	2010	166,855	8,343	20	8,343		8,343	21
22	Buffet-Cabinets, counter	2010	54,719	2,736	20	2,736		2,736	22
23	Public Restroom-Toliet and Faucet	2010	8,242	412	20	412		412	23
24	Main Building-carpeting	2010	48,116	2,406	20	2,406		2,406	24
25	DON office, Conf room and lounge-cabinets, chair rails	2010	6,790	340	20	340		340	25
26	Bathroom updates-showers, grout,tile	2010	4,037	202	20	202		202	26
27	Patinet Rooms-doors and windows	2010	4,743	237	20	237		237	27
28	Labor	2010	159,432	7,972	20	7,972		7,972	28
29									29
30	Reconcile to book depreciation			418			(418)		30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,533,388	\$ 86,789		\$ 369,552	\$ 282,763	\$ 5,431,143	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

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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	\$ 1,430,093	\$ 102,825	\$ 152,982	\$ 50,157	5-10	\$ 1,143,178	71
72	Current Year Purchases	145,524	10,395	10,395		7	10,395	72
73	Fully Depreciated Assets	1,635,767					1,635,767	73
74	Alloc. From Mgmt. Co.			29,989	29,989			74
75	TOTALS	\$ 3,211,384	\$ 113,220	\$ 193,366	\$ 80,146		\$ 2,789,340	75

D. Vehicle Depreciation (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Resident Van	1998 Ford E350 Van	1998	\$ 40,790	\$	\$	\$		\$ 40,790	76
77	Resident Passenger Care	2000 Chevrolet Express Van	2000	29,261					29,261	77
78										78
79										79
80	TOTALS			\$ 70,051	\$	\$	\$		\$ 70,051	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)	\$ 16,506,884	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 200,009	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 562,918	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 362,909	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 8,290,534	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88			N/A		88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	2nd Floor	\$ 113,628	92
93			93
94			94
95		\$ 113,628	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.

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: \_\_\_\_\_

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	Allocated from Management Company				28,340			6
7	TOTAL				\$ 28,340			7

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

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

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: \$ 96,875 Description: Copier-\$8,971;Storage-\$6,014;Telephone-\$18,217;Med Equip-\$56,956;Postage-\$3,637;Mgmt Co.-\$3,080

(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			N/A		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. \_\_\_\_\_ /2011 \$ \_\_\_\_\_

13. \_\_\_\_\_ /2012 \$ \_\_\_\_\_

14. \_\_\_\_\_ /2013 \$ \_\_\_\_\_

\* 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		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)		43,949		43,949
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$ 43,949	\$	\$ 43,949
10	SUM OF line 9, col. 1 and 2 (e)	\$	43,949		

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)	11667 hrs	\$ 424,210		\$	\$	11,667	\$ 424,210	1	
2	Licensed Speech and Language Development Therapist	10A(1,2)	4332 hrs	178,939			4,995	4,332	183,934	2	
3	Licensed Recreational Therapist		hrs							3	
4	Licensed Physical Therapist	10A(1)	13314 hrs	520,719				13,314	520,719	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				667,538		667,538	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10	
11	Academic Education		hrs							11	
12	Other (specify):									12	
13	Other (specify): <u>Dialysis/Oxygen</u>	39(2,3)				665	139,196	78,516	665	217,712	13
14	<b>TOTAL</b>			\$ 1,123,868		665	\$ 139,196	\$ 751,049	29,978	\$ 2,014,113	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

# 0037366

Report Period Beginning: 01/01/2010

Ending:

12/31/2010

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2010

(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	\$ 489,150	\$ 1,821,912	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 493,162 )	2,548,566	2,548,566	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	266,084	392,180	6
7	Other Prepaid Expenses	14,718	14,718	7
8	Accounts Receivable (owners or related parties)	792,183	792,683	8
9	Other(specify): See Sch 17A	2,803,138	2,905,104	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 6,913,839	\$ 8,475,163	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		692,061	13
14	Buildings, at Historical Cost		10,813,162	14
15	Leasehold Improvements, at Historical Cost	1,571,681	1,720,226	15
16	Equipment, at Historical Cost	2,139,098	3,281,435	16
17	Accumulated Depreciation (book methods)	(2,089,478)	(8,290,534)	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):	47,000	113,628	22
23	Other(specify): Mortgage cost net		133,378	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 1,668,301	\$ 8,463,356	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 8,582,140	\$ 16,938,519	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 813,373	\$ 834,548	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	158,963	158,963	28
29	Short-Term Notes Payable	1,393,098	1,393,098	29
30	Accrued Salaries Payable	469,141	469,141	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)		309,600	32
33	Accrued Interest Payable	3,205	86,174	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	See Sch 17A	30,617	30,617	36
37	See Sch 17A	4,096,625	3,116,585	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 6,965,022	\$ 6,398,726	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable	969	18,965,380	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	Note Payable	26,538	26,538	43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 27,507	\$ 18,991,918	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 6,992,529	\$ 25,390,644	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 1,589,611	\$ (8,452,125)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 8,582,140	\$ 16,938,519	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

Butterfield Health Care, LLC  
d/b/a Meadowbrook Manor  
Provider # 0037366  
12/31/2010

Schedule 17A

XV. Balance Sheet-Unrestricted Operating Fund

A. Current Assets

9. Other (specify)

	<u>Operating</u>	<u>Consolidating</u>
Real Estate Tax-Escrow		102,084
Credit Union	122	122
Accrued Life Ins Withholding	140	140
Accrued 401K	292	292
Due from LaGrange	1,428,024	1,428,024
Due from J&D partners	1,100,000	1,100,000
Due from BHC Group	274,560	274,442
	<u>2,803,138</u>	<u>2,905,104</u>

C. Current Liabilities

36. Other Current Liabilities (specify)

	<u>Operating</u>	<u>Consolidating</u>
Employee Advances	5,372	5,372
Accrued-Payroll Taxes	23,920	23,920
Wage Garnishments	1,325	1,325
	<u>30,617</u>	<u>30,617</u>

37. Other Current Liabilities (specify)

	<u>Operating</u>	<u>Consolidating</u>
Accrued Rent	2,080,040	
N/P State	389,686	389,686
Due from Naperville	1,596,681	1,596,681
Due from Bolingbrook		1,100,000
Due from BHC VIII	30,218	30,218
	<u>4,096,625</u>	<u>3,116,585</u>

See Accountants' Compilation Report

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ (282,288)	<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>	\$ (282,288)	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	1,871,897	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ 1,871,897	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>	<b>Rounding</b>	2	<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>	\$ 2	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ 1,589,611	<b>24</b> *

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning: 01/01/2010

Ending: 12/31/2010

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

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

		1	
Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 17,592,005	1
2	Discounts and Allowances for all Levels	(131,362)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 17,460,643</b>	<b>3</b>
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,501,953	6
7	Oxygen	132,981	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 2,634,934</b>	<b>8</b>
<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	5,195	13
14	Non-Patient Meals	1,005	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	689,953	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	8,764	19
20	Radiology and X-Ray	40,073	20
21	Other Medical Services	288,291	21
22	Laundry	3,708	22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 1,036,989</b>	<b>23</b>
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	70,397	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 70,397</b>	<b>26</b>
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>Misc. Income/Vending</u>	(1,746)	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	<b>\$ (1,746)</b>	<b>29</b>
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 21,201,217</b>	<b>30</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,573,153	31
32	Health Care	7,840,721	32
33	General Administration	4,979,270	33
<b>B. Capital Expense</b>			
34	Ownership	2,289,570	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,483,451	35
36	Provider Participation Fee	163,155	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	<b>\$ 19,329,320</b>	<b>40</b>
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>1,871,897</b>	<b>41</b>
42	<b>Income Taxes</b>		<b>42</b>
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ 1,871,897</b>	<b>43</b>

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

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

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

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

Facility Name & ID Number Meadowbrook Manor

# 0037366

Report Period Beginning: 01/01/2010

Ending:

12/31/2010

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	1,996	2,168	\$ 117,364	\$ 54.13	1
2	Assistant Director of Nursing	3,760	4,056	184,818	45.57	2
3	Registered Nurses	37,668	40,458	1,128,837	27.90	3
4	Licensed Practical Nurses	53,533	56,695	1,356,195	23.92	4
5	CNAs & Orderlies	176,315	188,618	2,173,046	11.52	5
6	CNA Trainees	4,791	4,899	43,949	8.97	6
7	Licensed Therapist	10,500	11,631	1,123,868	96.63	7
8	Rehab/Therapy Aides	11,692	13,109	203,677	15.54	8
9	Activity Director					9
10	Activity Assistants	17,936	18,638	211,901	11.37	10
11	Social Service Workers	9,671	11,000	168,376	15.31	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	44,665	49,039	524,871	10.70	15
16	Dishwashers					16
17	Maintenance Workers	7,142	7,833	95,348	12.17	17
18	Housekeepers	35,374	38,581	358,525	9.29	18
19	Laundry	10,484	11,625	96,450	8.30	19
20	Administrator	1,824	1,982	102,568	51.75	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	4,739	5,393	236,067	43.77	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	3,868	4,380	55,683	12.71	31
32	Other Health C: See Sch 20A	10,201	11,368	395,621	34.80	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	446,159	481,473	\$ 8,577,164 *	\$ 17.81	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	406	\$ 17,052	1(3)	35
36	Medical Director	Monthly	27,000	9(3)	36
37	Medical Records Consultant	Monthly	4,608	10(3)	37
38	Nurse Consultant	Monthly	25,760	10(3)	38
39	Pharmacist Consultant	Number	17,217	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	147	5,890	10A(3)	42
43	Speech Therapy Consultant				43
44	Activity Consultant	56	2,912	11(3)	44
45	Social Service Consultant	31	1,840	12(3)	45
46	Other(specify) Quality Assurance	4	243	10(3)	46
47					47
48					48
49	TOTAL (lines 35 - 48)	644	\$ 102,522		49

C. CONTRACT NURSES

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

SEE ACCOUNTANTS' COMPILATION REPORT

Butterfield Health Care, LLC  
d/b/a Meadowbrook Manor  
Provider # 0037366  
12/31/2010

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
Ward Clerks	5,793	6,408	87,609	13.67
Central Supply	1,950	2,214	21,458	9.69
Nursing Administrator	2,458	2,746	286,554	104.35
	<u>10,201</u>	<u>11,368</u>	<u>395,621</u>	

**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	
Ralph Ricana	Administrator	0%	\$ 102,568	Workers' Compensation Insurance	\$ 185,917	IDPH License Fee	\$ 1,990	
				Unemployment Compensation Insurance	53,149	Advertising: Employee Recruitment		
				FICA Taxes	651,882	Health Care Worker Background Check		
				Employee Health Insurance	258,789	(Indicate # of checks performed 127 )	1,302	
				Employee Meals		Patient Background Checks	300 3,908	
				Illinois Municipal Retirement Fund (IMRF)*		Illinois Council Long Term Care	26,284	
				Employee Retirement	38,592	Less: COPE Fees	(11,054)	
				Employee Lab Tests	2,273	Misc. Dues & Subscriptions	5,044	
				Other Employee Benefits	7,771	Misc. Licenses	7,189	
						Alloc. Real Estate & Mgmt. Co.	1,464	
						Less: Public Relations Expense	( )	
						Non-allowable advertising	( )	
						Yellow page advertising	( )	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)						TOTAL (agree to Sch. V, line 20, col. 8)		
					\$ 1,198,373			
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description				Description			Description	
Amount				Line #			Amount	
Management Fees (eliminated on Sch V, col. 7)				N/A			Out-of-State Travel	
\$ 1,130,000							\$	
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			Seminar Expense	
\$ 1,130,000								
							Allocated from Mgmt. Co.	
							2,380	
							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.)							TOTAL	
\$ 224,054							\$ 2,380	

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

\*\*See instructions.

Butterfield Health Care, LLC  
Meadowbrook Manor  
Provider # 0037366  
12/31/2010

Schedule 21A

Schedule XIX ( C )- Professional Fees

<b><u>Vedor/Payee</u></b>	<b><u>Type</u></b>	<b><u>Amount</u></b>
RSM McGladrey	Accounting	5,164
Wescom Solutions, Inc.	Computer Service	27,677
Ivans	Computer Service	4,895
Interactive Care Network, LLC	Computer Service	1,122
Visionshare, Inc.	Computer Service	360
Polsinelli Shughart PC	Legal	31,554
Troy & Associates	Legal	237
Clerk of the Circuit Court	Legal	40
Hamilton Thies & Lorch	Legal	248
Riley Bennett & Egloff, LLP	Legal	10,000
Credit	Legal	(294)
		<u>81,003</u>
	Total (agree to Schedule V, line 19, column 3)	<u>224,054</u>
Allocation from J&D Partners-Accounting		15,173
Allocation from J&D Partners-Legal		375
Allocation from Butterfield Health Care Group		53,425
Out of period legal		(170)
	Total (agree to Schedule V, line 19, column 8)	<u>292,857</u>

**See Accountants' Compilation Report**

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

(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1			\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3								N/A					
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	<b>TOTALS</b>		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning: 01/01/2010 Ending: 12/31/2010

**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. IL CLTC-26,284
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 86,507 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. \$ 163,155  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule 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? Yes 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. \$ 1,005
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? N/A
- d. Have vehicle usage logs been maintained? Adequate records have been maintained.
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
- g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A**
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: N/A
- (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**