



Facility Name & ID Number Meadowbrook Manor LaGrange

# 0047274 Report Period Beginning: 01/01/10 Ending: 12/31/10

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				5
		3 Medicaid Recipient	4 Private Pay	4 Other	5 Total	
8	SNF	479	781	6,104	7,364	8
9	SNF/PED					9
10	ICF	30,550	5,606	35	36,191	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	31,029	6,387	6,139	43,555	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 60.57%

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 8/25/05

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

YES  Date 8/25/05 NO

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

YES  NO  If YES, enter number of beds certified 94 and days of care provided 5,619

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

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

Facility Name & ID Number Meadowbrook Manor LaGrange # 0047274 Report Period Beginning: 01/01/10 Ending: 12/31/10

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	242,870	28,738	13,909	285,517		285,517		285,517		1
2	Food Purchase		190,166		190,166		190,166	(66)	190,100		2
3	Housekeeping	205,077	35,390		240,467		240,467		240,467		3
4	Laundry	69,163	7,423	5,508	82,094		82,094		82,094		4
5	Heat and Other Utilities			233,381	233,381		233,381	461	233,842		5
6	Maintenance	91,140	12,625	130,327	234,092		234,092	4,828	238,920		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	608,250	274,342	383,125	1,265,717		1,265,717	5,223	1,270,940		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			18,000	18,000		18,000	8,323	26,323		9
10	Nursing and Medical Records	2,761,982	216,227	21,200	2,999,409		2,999,409		2,999,409		10
10a	Therapy	443,595	3,970	147,473	595,038		595,038		595,038		10a
11	Activities	125,052	15,424	2,392	142,868		142,868		142,868		11
12	Social Services	61,420		1,920	63,340		63,340		63,340		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	3,392,049	235,621	190,985	3,818,655		3,818,655	8,323	3,826,978		16
	<b>C. General Administration</b>										
17	Administrative	90,867		200,000	290,867		290,867	(35,784)	255,083		17
18	Directors Fees										18
19	Professional Services			197,012	197,012		197,012	1,725	198,737		19
20	Dues, Fees, Subscriptions & Promotions			42,178	42,178		42,178	(5,560)	36,618		20
21	Clerical & General Office Expenses	172,481	34,215	28,114	234,810		234,810	76,566	311,376		21
22	Employee Benefits & Payroll Taxes			725,335	725,335		725,335		725,335		22
23	Inservice Training & Education			1,481	1,481		1,481	330	1,811		23
24	Travel and Seminar			1,428	1,428		1,428	1,027	2,455		24
25	Other Admin. Staff Transportation			580	580		580	3,890	4,470		25
26	Insurance-Prop.Liab.Malpractice			158,329	158,329		158,329	38,124	196,453		26
27	Other (specify):* <b>Mgmt Alloc of Benefit</b>							42,292	42,292		27
28	<b>TOTAL General Administration</b>	263,348	34,215	1,354,457	1,652,020		1,652,020	122,610	1,774,630		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	4,263,647	544,178	1,928,567	6,736,392		6,736,392	136,156	6,872,548		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:

01/01/10

Ending:

12/31/10

## 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			68,347	68,347		68,347	89,658	158,005			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			18,402	18,402		18,402	153,779	172,181			32
33	Real Estate Taxes							368,699	368,699			33
34	Rent-Facility & Grounds			1,320,000	1,320,000		1,320,000	(1,307,770)	12,230			34
35	Rent-Equipment & Vehicles			36,580	36,580		36,580	12,766	49,346			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			1,443,329	1,443,329		1,443,329	(682,868)	760,461			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation			14,933	14,933		14,933		14,933			38
39	Ancillary Service Centers		280,851	85,696	366,547		366,547		366,547			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 Cos</b>			173,036	173,036		173,036	(173,036)				43
44	<b>TOTAL Special Cost Centers</b>		280,851	381,523	662,374		662,374	(173,036)	489,338			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	4,263,647	825,029	3,753,419	8,842,095		8,842,095	(719,748)	8,122,347			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

**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	
	<b>NON-ALLOWABLE EXPENSES</b>	<b>Amount</b>	<b>Refer- ence</b>	<b>BHF USE ONLY</b>	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(531)	2		4
5	Telephone, TV & Radio in Resident Rooms	(6,202)	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	(48,607)	30		9
10	Interest and Other Investment Income	(17,476)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(823)	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	(7,267)	43		18
19	Entertainment				19
20	Contributions	(1,500)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(14,353)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(125,661)	43		24
25	Fund Raising, Advertising and Promotional	(1,804)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(1,765)	43		28
29	Other-Attach Schedule See Pg 5A	(92,973)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (318,962)		\$	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	
		<b>Amount</b>	<b>Reference</b>	
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)	(400,786)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (400,786)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (719,748)		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	
		<b>Yes</b>	<b>No</b>	<b>Amount</b>	<b>Reference</b>	
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

<b>BHF USE ONLY</b>							
48		49		50		51	52

SEE ACCOUNTANTS' COMPILATION REPORT

Meadowbrook Manor LaGrange

ID# 0047274

Report Period Beginning: 01/01/10

Ending: 12/31/10

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	X Rays-Part A	\$ (6,957)	43	1
2	Labs-Part A	(3,797)	43	2
3	Consolidated Billing Fees	(4,623)	43	3
4	Marketing Expense	(15,014)	43	4
5	Abandonment of Project Cost	(17,553)	43	5
6	Resident Flower/Card/Gift	(1,054)	43	6
7	Resident Cards/Gifts	343	43	7
8	Offset Miscellaneous Income	(236)	21	8
9	Reclass Repairs & Maintenance 2008	(22,381)	6	9
10	Reclass Repairs & Maintenance 2009	(14,249)	6	10
11	Lobbying Expense	(7,452)	20	11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(92,973)		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, 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: Adjustments for Related Organization Costs (7 minus 4)		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization			
1	V	2 Food	\$	Butterfield Health Care Group, Inc.	100.00%	\$ 465	\$	465	1
2	V	5 Utilities		Butterfield Health Care Group, Inc.	100.00%	461		461	2
3	V	6 Maintenance		Butterfield Health Care Group, Inc.	100.00%	41,458		41,458	3
4	V	9 Medical Director		Butterfield Health Care Group, Inc.	100.00%	8,323		8,323	4
5	V	17 Administrative	200,000	Butterfield Health Care Group, Inc.	100.00%	164,216		(35,784)	5
6	V	19 Professional Services		Butterfield Health Care Group, Inc.	100.00%	23,056		23,056	6
7	V	20 Fees, Subscriptions & Promotions		Butterfield Health Care Group, Inc.	100.00%	524		524	7
8	V	21 Clerical & General Office		Butterfield Health Care Group, Inc.	100.00%	88,239		88,239	8
9	V	23 Inservice Training & Education		Butterfield Health Care Group, Inc.	100.00%	330		330	9
10	V	24 Travel & Seminar		Butterfield Health Care Group, Inc.	100.00%	1,027		1,027	10
11	V	25 Other Admin Staff Transportation		Butterfield Health Care Group, Inc.	100.00%	3,890		3,890	11
12	V								12
13	V								13
14	Total		\$ 200,000			\$ 331,989	\$ *	131,989	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**  
**12/31/2010**

**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>

**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 Mgmt Alloc of Benefits	\$	Butterfield Health Care Group, Inc.	100.00%	\$ 42,292	\$	42,292	15
16	V	30 Depreciation		Butterfield Health Care Group, Inc.	100.00%	12,942		12,942	16
17	V	32 Interest Expense	1,109	Butterfield Health Care Group, Inc.	100.00%	183		(926)	17
18	V	34 Rent-Facility & Grounds		Butterfield Health Care Group, Inc.	100.00%	12,230		12,230	18
19	V	35 Rent-Equipment & Vehicles		Butterfield Health Care Group, Inc.	100.00%	1,329		1,329	19
20	V	43 Other-Nonallowable		Butterfield Health Care Group, Inc.	100.00%	3,088		3,088	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		\$ 1,109			\$ 72,064	\$ *	70,955	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%	\$ 8,022	\$	8,022	15
16	V	20 Fees & Subscriptions		MML Properties, LLC	100.00%	1,368		1,368	16
17	V	26 Insurance-Prop., Liab., Malpr.		MML Properties, LLC	100.00%	23,124		23,124	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%	163,395		163,395	19
20	V	32 Amort of Mortgage Costs		MML Properties, LLC	100.00%	8,786		8,786	20
21	V	33 Real Estate Taxes		MML Properties, LLC	100.00%	368,699		368,699	21
22	V	34 Rent	1,320,000	MML Properties, LLC	100.00%			(1,320,000)	22
23	V	43 Other Non-Allowable		MML Properties, LLC	100.00%	17,553		17,553	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			\$ 716,270	\$ *	(603,730)	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: 01/01/10 Ending: 12/31/10

## 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	74,112	8	20.00	Mgt Salaries	\$ 15,255	17(7)	1
2	Nicholas Vangel	Operating Supv.	Administrative	12.50	33,646	2	5.00	Mgt Salaries	6,925	17(7)	2
3	Dorothy Vangel	Operating Supv.	Administrative	12.50	0	0	0.00	N/A	0	N/A	3
4	Kathy Hocuk	Empl. Benefits Admin	Administrative	5.00	12,937	2	5.00	Mgt Salaries	2,663	17(7)	4
5	Robert Jafari	Consultant	Administrative	25.00	32,348	2	5.00	Prof Fees	7,652	19(7)	5
6	Kianoosh Jafari	Medical Director	Administrative	25.00	31,809	10	25.00	Med Director	7,524	9(7)	6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 40,019		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:

01/01/10

Ending: 12/31/10

VIII. ALLOCATION OF INDIRECT COSTS

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

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.

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	\$ 43,376	\$ 465	1	
2	5	Utilities	Resident Days	226,701	3	2,409	43,376	461	2	
3	6	Maintenance	Resident Days	226,701	3	216,679	207,750	43,376	41,458	3
4	9	Medical Director	Resident Days	226,701	3	43,500	43,376	8,323	4	
5	17	Administrative	Resident Days	226,701	3	858,263	858,263	43,376	164,216	5
6	19	Professional Services	Resident Days	226,701	3	120,501	43,376	23,056	6	
7	20	Fees, Subscriptions & Promotions	Resident Days	226,701	3	2,737	43,376	524	7	
8	21	Clerical & General Office	Resident Days	226,701	3	461,174	351,945	43,376	88,239	8
9	23	Inservice Training & Education	Resident Days	226,701	3	1,725	43,376	330	9	
10	24	Travel & Seminar	Resident Days	226,701	3	5,369	43,376	1,027	10	
11	25	Other Admin Staff Transportation	Resident Days	226,701	3	20,332	43,376	3,890	11	
12	27	Mgmt Alloc of Benefits	Resident Days	226,701	3	221,037	43,376	42,292	12	
13	30	Depreciation	Resident Days	226,701	3	67,641	43,376	12,942	13	
14	32	Interest Expense	Resident Days	226,701	3	955	43,376	183	14	
15	34	Rent-Facility & Grounds	Resident Days	226,701	3	63,922	43,376	12,230	15	
16	35	Rent-Equipment & Vehicles	Resident Days	226,701	3	6,947	43,376	1,329	16	
17	43	Other-Nonallowable	Resident Days	226,701	3	16,137	43,376	3,088	17	
18									18	
19									19	
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 2,111,761	\$ 1,417,958	\$ 404,053	25	

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number

Meadowbrook Manor LaGrange

# 0047274

Report Period Beginning:

01/01/10

Ending:

12/31/10

## IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1	JP Morgan Chase		X	Mortgage	\$28,630.00	8/25/08	\$ 3,600,000	\$ 2,256,651	8/25/10	0.0735	\$ 163,395	1								
2	JP Morgan Chase		X	Amortization of Loan Cost							8,786	2								
3	Omnicare		X	Trade Payables	\$3,030.00	3/19809	160,395	108,466	3/20/14	0.0500		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	386,154	7/1/11	0.0525	6,244	6								
7	JP Morgan Chase		X	Working Capital	N/A	8/25/05	1,357,500	1,107,500	8/25/11	Prime-.5	12,158	7								
8												8								
9	TOTAL Facility Related				\$39,464.00		\$ 6,617,895	\$ 3,858,771			\$ 190,583	9								
<b>B. Non-Facility Related*</b>																				
10								Offset Interest Income			(18,402)	10								
11								Allocated from Mgmt. Co.			183	11								
12								Offset Interest Income-Mgmt. Co.			(183)	12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$ (18,402)	14								
15	TOTALS (line 9+line14)						\$ 6,617,895	\$ 3,858,771			\$ 172,181	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.)





Facility Name & ID Number Meadowbrook Manor LaGrange

# 0047274

Report Period Beginning:

01/01/10

Ending:

12/31/10

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

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

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

None

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F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO  
 If so, please complete the following:

1. Total Amount Incurred: N/A 2. Number of Years Over Which it is Being Amortized: 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:**

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Meadowbrook Manor LaGrange

# 0047274

Report Period Beginning:

01/01/10

Ending:

12/31/10

**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	\$ 363,847	4
5			2009	510,195		40	6,377	6,377	12,754	5
6										6
7										7
8										8
	<b>Improvement Type**</b>									
9	Install compressor		2005	1,750	175	10	175		962	9
10	Elevator overhaul		2005	4,245	424	10	424		2,332	10
11	Front porch carpeting		2005	2,086	209	10	209		1,150	11
12	Remodel 1st floor - tile & paint		2005	26,770	2,677	10	2,677		14,650	12
13	Refurbish boiler		2005	21,650	2,165	10	2,165		11,908	13
14	Furnish & install boiler feed pump		2005	2,750	275	10	275		1,513	14
15	Furnish & install condensate pump		2005	2,565	256	10	256		1,408	15
16	Furnish & install extrol & relief valve		2005	1,729	173	10	173		951	16
17										17
18	Sign		2006	8,725	873	10	873		3,928	18
19	Remodel 1st floor - tile, paint & draperies		2006	37,805	3,781	10	3,781		17,014	19
20	Remodel 1st floor - carpet		2006	6,831	683	10	683		3,074	20
21	Fire Department standpipe connections		2006	1,443	144	10	144		648	21
22	Furnish & install new heating coil on MUA unit		2006	5,595	560	10	560		2,520	22
23	Repair MUA		2006	3,300	330	10	330		1,485	23
24	Repair water line/pipe		2006	4,800	480	10	480		2,160	24
25	Dialysis room		2006	57,470	5,746	10	5,747	1	25,652	25
26	Replace faulty fuses		2006	3,590	359	10	359		1,616	26
27	Install panic exit door devices		2006	8,400	840	10	840		3,780	27
28										28
29	Electrical Repairs		2007	4,590	459	10	459		1,607	29
30	Wiremold, covers, cables & supplies for Satellite TV		2007	15,787	1,579	10	1,579		5,526	30
31	Cable & Phone Lines - Installation & Termination		2007	58,250	5,825	10	5,825		20,388	31
32	Remove, repair & replace tile & wood, repair downspouts		2007	2,569	257	10	257		899	32
33	Install 5 new 2 1/2 fire hose valves		2007	4,160	416	10	416		1,456	33
34	Demolition & removal of house and garage - 339 S. Ninth St.		2007	11,225	1,122	10	1,122		3,927	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:

01/01/10

Ending:

12/31/10

## 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	\$	10	\$ 754	\$ 754	\$ 1,885	37
38	Repair parking lot lights (ballasts, cutting asphalt, trenching								38
39	& running new wiring)	2008	4,989	498	10	499	1	1,247	39
40	Roof Repairs (rear emergency room entrance & front entrance)	2008	3,949	394	10	395	1	987	40
41	Wiring - Therapy room	2008	5,879		10	588	588	1,470	41
42	Chimney Cap & Tuckpointing	2008	11,993	1,199	10	1,199		2,998	42
43	Rebuilt compressor for HVAC unit	2008	19,864	1,959	10	1,986	27	4,965	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	1,175	47
48	- Emergency service for no heat - furnished & installed								48
49	new fluid head & valve body.	2008	3,045		10	305	305	762	49
50	- Tile flooring for facility	2008	14,637		10	1,464	1,464	3,660	50
51									51
52	Concrete flooring, electrical, new tub & faucet, drywall,	2009	26,068	2,607	10	2,609	2	3,912	52
53	studs & reframe door for Laundry Room Remodel								53
54	Repair masonry on top of building	2009	6,241	624	10	624		936	54
55	Install outdoor lighting	2009	11,332	1,133	10	1,133		1,700	55
56	replace 2 shower valves & trims	2009	2,755	276	10	276		414	56
57	Fill & roll potholes, crack sealing, sealcoating & striping	2009	6,000	1,200	5	600	(600)	900	57
58	parking lot								58
59									59
60	R&M Reclasses								60
61	-Remove and replace automatic transfer switch	2009	3,695		10	370	370	555	61
62	-Replace air separator and rework piping for new style	2009	5,350		10	535	535	803	62
63	air separator.								63
64	-Air conditioner -repair leaks, add drier cores and refrigerant	2009	5,204		10	520	520	780	64
65	replace belt and pulley								65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 3,597,695	\$ 39,698		\$ 116,667	\$ 76,969	\$ 536,304	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 3,597,695	\$ 39,698		\$ 116,667	\$ 76,969	\$ 536,304	1
2	Cabinets and countertops for therapy office	2010	6,117	306	10	306		306	2
3	Install drywall for new wall, rearrange/repair light fixtures	2010	2,705	135	10	136	1	136	3
4	in business office								4
5	Remove & rebuild rear loading dock	2010	2,650	133	10	133		133	5
6	Transfer & install reception door, 3 sets of 36" cabinets and	2010	4,974	249	10	249		249	6
7	countertops for dining room								7
8	22 - 4 tier lockers with sloped tops	2010	5,138	256	10	257	1	257	8
9	Lavatory faucets, shut offs & trap, tempered glass for restroom	2010	3,436	172	10	172		172	9
10	door								10
11	Fill potholes, sealcoating & striping of parking log	2010	5,100	510	5	255	(255)	255	11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 3,627,815	\$ 41,459		\$ 118,175	\$ 76,716	\$ 537,812	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 802,419	\$ 23,305	\$ 23,305	\$	5-10	\$ 361,601	71
72	Current Year Purchases	69,297	3,583	3,583		5-10	3,583	72
73	Fully Depreciated Assets							73
74	Allocated from Management Company			12,942	12,942			74
75	TOTALS	\$ 871,716	\$ 26,888	\$ 39,830	\$ 12,942		\$ 365,184	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)	\$ 6,060,939	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 68,347	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 158,005	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 89,658	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 902,996	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	N/A	\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	CIP	\$ 259,794	92
93			93
94			94
95		\$ 259,794	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>12,230</u>			6
7	TOTAL				\$ <u>12,230</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: \$ 49,346 Description: See Attached Schedule 14A

(Attach a schedule detailing the breakdown of movable equipment)

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

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

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

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

Fiscal Year Ending Annual Rent

12. \_\_\_\_\_ /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.

Meadowbrook Manor LaGrange  
d/b/a Meadowbrook Manor LaGrange  
Provider # 0047274  
12/31/2010

**Schedule 14A**

XII. Rental Costs

**Line 16 - Description**

Copier	9,482
Storage	1,722
Medical Equipment	741
Telephone Lease	7,835
Mattress & Beds	14,434
Maintenance Equipment	10,201
Postage Meter	3,602
Management Co.	<u>1,329</u>
Total	<u><u>49,346</u></u>

**See Accountants' Compilation Report**

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

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

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

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

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

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

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
  - (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.
- SEE ACCOUNTANTS' COMPILATION REPORT**

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	10A(1,3)	3734 hrs	\$ 123,065	427	\$ 30,723		4,161	\$ 153,788	1
2	Licensed Speech and Language Development Therapist	10A(1,3)	2648 hrs	87,263				2,648	87,263	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10(1,2,3)	5080 hrs	167,440	1,622	116,750	3,970	6,702	288,160	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				246,808		246,808	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)			1,190	85,696		1,190	85,696	12
13	Other (specify): <u>Oxygen</u>	39 (2)					34,043		34,043	13
14	<b>TOTAL</b>			\$ 377,768	3,239	\$ 233,169	\$ 284,821	14,701	\$ 895,758	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: 01/01/10

Ending:

12/31/10

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/10

(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	\$ 7,349	\$ (1,735)	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>357,981</u> )	1,418,052	1,418,052	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	69,885	86,493	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	1,082	1,082	8
9	Other(specify): <u>Employee Advances</u>	1,500	1,500	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,497,868	\$ 1,505,392	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	421,104	471,445	15
16	Equipment, at Historical Cost	293,735	871,716	16
17	Accumulated Depreciation (book methods)	(253,305)	(902,996)	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 (spe <u>CIP</u> )	227,294	259,794	22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 688,828	\$ 5,417,737	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 2,186,696	\$ 6,923,129	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 269,290	\$ 289,097	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	386,154	386,154	29
30	Accrued Salaries Payable	201,273	201,273	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)		344,000	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>Accrued Payroll Taxes</u>	17,662	17,662	36
37	<u>Due to Related Parties</u>	4,779,457	2,981,099	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 5,653,836	\$ 4,219,285	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable	1,215,966	1,215,966	39
40	Mortgage Payable		2,256,651	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>	\$ 1,230,868	\$ 3,487,519	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 6,884,704	\$ 7,706,804	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (4,698,008)	\$ (783,675)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 2,186,696	\$ 6,923,129	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>(6,988,724)</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>(6,988,724)</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>2,290,714</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>2,290,714</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>	<b>Rounding</b>	<b>2</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>2</b>	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>(4,698,008)</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: 01/01/10

Ending: 12/31/10

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	\$ 6,991,132	1
2	Discounts and Allowances for all Levels	(287,714)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 6,703,418	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,080,563	6
7	Oxygen	106,736	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 1,187,299	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	1,939	13
14	Non-Patient Meals	531	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	245,705	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	3,679	19
20	Radiology and X-Ray	7,975	20
21	Other Medical Services	146,978	21
22	Laundry	9,435	22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 416,242	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	24,277	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 24,277	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	Miscellaneous Income	1,573	28
28a	Intercompany Write Off	2,800,000	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 2,801,573	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 11,132,809	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,265,717	31
32	Health Care	3,818,655	32
33	General Administration	1,652,020	33
<b>B. Capital Expense</b>			
34	Ownership	1,443,329	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	554,516	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>	\$ 8,842,095	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	2,290,714	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 2,290,714	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:

01/01/10

Ending:

12/31/10

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	1,958	2,138	\$ 96,670	\$ 45.22	1
2	Assistant Director of Nursing	2,497	2,711	94,489	34.85	2
3	Registered Nurses	18,015	18,755	484,735	25.85	3
4	Licensed Practical Nurses	33,530	36,050	911,033	25.27	4
5	CNAs & Orderlies	79,145	82,487	997,407	12.09	5
6	CNA Trainees					6
7	Licensed Therapist	9,540	10,397	377,768	36.33	7
8	Rehab/Therapy Aides	4,122	4,314	65,827	15.26	8
9	Activity Director					9
10	Activity Assistants	11,741	12,860	125,052	9.72	10
11	Social Service Workers	3,386	3,555	61,420	17.28	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	21,673	23,173	242,870	10.48	15
16	Dishwashers					16
17	Maintenance Workers	5,843	6,294	91,140	14.48	17
18	Housekeepers	21,306	22,624	205,077	9.06	18
19	Laundry	7,693	8,169	69,163	8.47	19
20	Administrator	1,757	2,004	90,867	45.34	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	10,002	10,899	172,481	15.83	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,992	2,200	27,470	12.49	31
32	Other Health C: See Sch 20A	6,950	8,038	150,178	18.68	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	241,150	256,668	\$ 4,263,647 *	\$ 16.61	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	328	\$ 13,909	L1,C3	35
36	Medical Director	Monthly	18,000	L9,C3	36
37	Medical Records Consultant	Monthly	6,582	L10,C3	37
38	Nurse Consultant	232	9,280	L10,C3	38
39	Pharmacist Consultant	298	1,860	L10,C3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	16	640	L10A,C3	42
43	Speech Therapy Consultant				43
44	Activity Consultant	46	2,392	L11,C3	44
45	Social Service Consultant	23	1,320	L12,C3	45
46	Other(specify) Quality Assurance	Monthly	2,838	L10,C3	46
47					47
48					48
49	TOTAL (lines 35 - 48)	943	\$ 56,821		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  
12/31/2010

**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
Nursing Administration	2,936	3,322	88,692	26.70
Central Supply	1,996	2,484	33,706	13.57
Ward Clerks	2,018	2,232	27,780	12.45
<b>Total Line 32 - Other</b>	<b>6,950</b>	<b>8,038</b>	<b>150,178</b>	<b>18.68</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	\$ 90,867	Workers' Compensation Insurance	\$ 74,908	IDPH License Fee	\$ 1,990	
				Unemployment Compensation Insurance	124,995	Advertising: Employee Recruitment	4,435	
				FICA Taxes	324,001	Health Care Worker Background Check		
				Employee Health Insurance	155,582	(Indicate # of checks performed 61 )	730	
				Employee Meals		Patient Background Checks	1,370	
				Illinois Municipal Retirement Fund (IMRF)*				
				Employee Retirement	10,757	See Schedule 21A	28,093	
				Employment Fees	21,600			
				Other Employee Benefits	13,492			
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 90,867	TOTAL (agree to Schedule V, line 22, col.8)		\$ 36,618		
(List each licensed administrator separately.)								
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
Management Fees			\$ 200,000	N/A			Out-of-State Travel	\$
(Eliminated on Schedule V, Column 7)							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 200,000	TOTAL		\$	Seminar Expense	1,428
(Attach a copy of any management service agreement)							Allocated from Management Co.	1,027
C. Professional Services								
Vendor/Payee	Type		Amount					
See Schedule 21A								
TOTAL (agree to Schedule V, line 19, column 3)			\$ 197,012					
(If total legal fees exceed \$5,000, attach copy of invoices.)								

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

\*\*See instructions.

Butterfield Health Care VII, LLC  
Meadowbrook Manor LaGrange  
Provider # 0047274  
12/31/2010

**Schedule 21A**

Schedule XIX (C) - Professional Fees.

<u>Vendor/Payee</u>	<u>Type</u>	<u>Amount</u>
Polsinelli Shughart PC	Legal	15,997
Seyfarth Shaw Attorneys	Legal	164
Scott & Kraus LLC	Legal	2,243
Law Offices of Kevin E O'Reilly	Legal	15,000
The Sechen Law Group PC	Legal	546
Morgan Lewis & Bockus LLP	Legal	28,210
Grabowski Law Center LLC	Legal	10,311
Hamilton Thies Lorch & Hagnell	Legal	135
State of Illinois	HUD Application	47
McGladrey & Pullen LLP	Accounting	14,126
Wescomm Solutions Inc	Computer Services	12,790
Visionshare	Computer Services	360
Scott & Kraus LLC	Appraisal Fee	4,500
Nancy Truschka	Professional Services	2,796
Nizam Ahmed	Professional Services	564
Alpha Review Corp.	Medical Review	5
Grabowski Law Center LLC	Legal	2,338
Pathway Health Services	Professional Services	868
SAS Architects & Planners	Architect	15
Paylocity	Payroll	449
Rehab Management Systems	Billing Service	40,800
ADP Inc.	Professional Services	12,895
Innovative LTC Solutions	Billing Service	16,039
Cardiac Diagnostics	Billing Service	79
Crane and Norcross	Real Estate Tax Appeal	10,000
Life Safety Resources	Professional Services	3,899
Unemployment Consultants	Professional Services	1,836
<b>TOTAL (agree to Schedule V, line 19, column 3)</b>		<b>197,012</b>
Allocation from MML Properties - Accounting		5,825
Allocation from MML Properties - Legal		2,197
Allocation from Butterfield Health Care Group - Accounting & Other Prof Svcs		23,056
Less: Reclass to Insurance		(15,000)
Less: Disallowed legal fees		(14,353)
<b>TOTAL (agree to Schedule V, line 19, column 8)</b>		<b>198,737</b>

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

<u>Description</u>	<u>Amount</u>
Illinois Council on Long Term Care	17,885
E Health Data	4,365
Miscellaneous Dues	1,695
Village of LaGrange	2,310
Butterfield Healthcare-Activities	130
Secretary of State	400
L-1 Identity Solutions	1,009
National Notary	104
CT Corporation	327
Miscellaneous Licenses	1,301
Miscellaneous Subscriptions	4,127
Less: Nonallowable lobbying expense	(7,452)
Allocated from Butterfield Health Care Group	524
Allocated from MML Properties	1,368
SUBTOTAL	<u>28,093</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 LaGrange

# 0047274

Report Period Beginning:

01/01/10

Ending:

12/31/10

**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 - \$17,885
- (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 Yrs.
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 20,551 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. \$ 531
- (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**