

Facility Name & ID Number Meadowbrook Manor of Naperville

0041285 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	245	Skilled (SNF)	245	89,425	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	245	TOTALS	245	89,425	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	64,931	9,062	7,286	81,279	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	64,931	9,062	7,286	81,279	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 90.89%

D. How many bed-hold days during this year were paid by the Department? 0 (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 2/9/96

J. Was the facility purchased or leased after January 1, 1978?
 YES Date 2/9/96 NO

K. Was the facility certified for Medicare during the reporting year?
 YES NO If YES, enter number of beds certified 245 and days of care provided 6,957

Medicare Intermediary Wisconsin Physicians Service

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2011 Fiscal Year: 12/31/2011

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

Facility Name & ID Number

Meadowbrook Manor of Naperville

0041285

Report Period Beginning:

01/01/2011

Ending:

12/31/2011

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	467,005	50,871	17,226	535,102		535,102	(305)	534,797		1
2	Food Purchase		477,336		477,336		477,336	(311)	477,025		2
3	Housekeeping	266,083	70,070		336,153		336,153		336,153		3
4	Laundry	115,453	59,916		175,369		175,369		175,369		4
5	Heat and Other Utilities			274,680	274,680		274,680	2,252	276,932		5
6	Maintenance	149,183	23,460	187,835	360,478		360,478	75,662	436,140		6
7	Other (specify):*										7
8	TOTAL General Services	997,724	681,653	479,741	2,159,118		2,159,118	77,298	2,236,416		8
	B. Health Care and Programs										
9	Medical Director			30,000	30,000		30,000	23,183	53,183		9
10	Nursing and Medical Records	5,278,045	451,813	45,771	5,775,629		5,775,629		5,775,629		10
10a	Therapy	741,670	15,050	9,337	766,057		766,057		766,057		10a
11	Activities	196,512	18,535	2,496	217,543		217,543		217,543		11
12	Social Services	129,804	35	2,775	132,614		132,614		132,614		12
13	CNA Training	17,692			17,692		17,692		17,692		13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	6,363,723	485,433	90,379	6,939,535		6,939,535	23,183	6,962,718		16
	C. General Administration										
17	Administrative	66,748		1,593,000	1,659,748		1,659,748	(1,501,774)	157,974		17
18	Directors Fees										18
19	Professional Services			162,121	162,121		162,121	123,953	286,074		19
20	Dues, Fees, Subscriptions & Promotions			45,146	45,146		45,146	6,797	51,943		20
21	Clerical & General Office Expenses	192,038	48,671	95,365	336,074		336,074	441,193	777,267		21
22	Employee Benefits & Payroll Taxes			1,075,124	1,075,124		1,075,124		1,075,124		22
23	Inservice Training & Education			9,591	9,591		9,591	1,040	10,631		23
24	Travel and Seminar			1,552	1,552		1,552	724	2,276		24
25	Other Admin. Staff Transportation			483	483		483	7,142	7,625		25
26	Insurance-Prop.Liab.Malpractice			174,061	174,061		174,061	99,334	273,395		26
27	Other (specify):*							97,406	97,406		27
28	TOTAL General Administration	258,786	48,671	3,156,443	3,463,900		3,463,900	(724,185)	2,739,715		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,620,233	1,215,757	3,726,563	12,562,553		12,562,553	(623,704)	11,938,849		29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number

Meadowbrook Manor of Naperville

#0041285

Report Period Beginning:

01/01/2011

Ending:

12/31/2011

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			158,534	158,534		158,534	309,396	467,930			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			56,731	56,731		56,731	829,606	886,337			32
33	Real Estate Taxes							231,650	231,650			33
34	Rent-Facility & Grounds			2,682,744	2,682,744		2,682,744	(2,450,663)	232,081			34
35	Rent-Equipment & Vehicles			117,039	117,039		117,039	10,976	128,015			35
36	Other (specify):*											36
37	TOTAL Ownership			3,015,048	3,015,048		3,015,048	(1,069,035)	1,946,013			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation			6,443	6,443		6,443		6,443			38
39	Ancillary Service Centers		401,099		401,099		401,099		401,099			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			134,138	134,138		134,138		134,138			42
43	Other (specify):* Non-Allow Costs			75,169	75,169		75,169	(75,169)				43
44	TOTAL Special Cost Centers		401,099	215,750	616,849		616,849	(75,169)	541,680			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,620,233	1,616,856	6,957,361	16,194,450		16,194,450	(1,767,908)	14,426,542			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

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	(2,066)	2		4
5	Telephone, TV & Radio in Resident Rooms	(8,466)	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	28,461	30		9
10	Interest and Other Investment Income	(16,718)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(733)	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	(78,177)	43		18
19	Entertainment				19
20	Contributions	(50)	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	61,401	43		24
25	Fund Raising, Advertising and Promotional	(178)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(131)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See SCH5A	(65,471)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (82,128)		\$	30

BHF USE ONLY							
48		49		50		51	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(1,685,780)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,685,780)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,767,908)		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	TOTAL (C): (sum of lines 38-46)			\$		47

Meadowbrook Manor of Naperville

ID# 0041285

Report Period Beginning: 01/01/2011

Ending: 12/31/2011

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1		\$	1
2			2
3			3
4			4
5			5
6			6
7			7
8			8
9			9
10			10
11			11
12			12
13			13
14			14
15			15
16			16
17			17
18			18
19			19
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	Total	0	49

Meadowbrook Manor of Naperville

0041285

12/31/2011

Schedule 5A

Schedule 5A

VI. ADJUSTMENT DETAIL

NON-ALLOWABLE EXPENSES

LINE 29 - Other

Description	Amount	Schedule V Reference
To disallow COPE Fees	(6,099)	20
To disallow Consolidated Billing Services	(4,018)	43
To disallow Marketing Expenses	(9,126)	43
To disallow Patient Clothing	(2,934)	43
To disallow X-Ray expense	(12,210)	43
To disallow Lab expense	(5,380)	43
To disallow Employee Gifts	(9,451)	43
To disallow Resident Gifts	(5,639)	43
To disallow Gifts	(77)	43
To offset Miscellaneous Income	(197)	21
To offset Vending Income	(305)	1
To disallow out of period legal fees	(3,975)	19
To disallow collection fees	(6,060)	19

Total

(65,471)

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as 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 VII, LLC d/b/a	LaGrange	J&D Partners, LP	Bolingbrook	Lessor
		Meadowbrook Manor of LaGrange		MMN Partners, LP	Naperville	Lessor
				Butterfield Health		
		Butterfield Health Care II, Inc. d/b/a	Bolingbrook	Care Group, Inc.	Bolingbrook	Management Co.
		Meadowbrook Manor of Bolingbrook		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	26 Insurance-Prop., Liab., Malpr.	\$	MML Properties, LLC	100.00%	\$ 98,621	\$	98,621	1
2	V	30 Depreciation		MML Properties, LLC	100.00%	256,912		256,912	2
3	V	32 Interest Expense		MML Properties, LLC	100.00%	740,442		740,442	3
4	V	32 Interest Expense		MML Properties, LLC	100.00%	(230)		(230)	4
5	V	32 Amort of Mortgage Cost		MML Properties, LLC	100.00%	105,853		105,853	5
6	V	33 Real Estate Taxes		MML Properties, LLC	100.00%	231,650		231,650	6
7	V	34 Rent	2,682,744	MML Properties, LLC	100.00%			(2,682,744)	7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total		\$ 2,682,744			\$ 1,433,248	\$ *	(1,249,496)	14

* 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	2 Food	\$	Butterfield Health Care Group, Inc.	100.00%	\$ 1,755	\$	1,755	15
16	V	3 Housekeeping		Butterfield Health Care Group, Inc.	100.00%				16
17	V	5 Utilities		Butterfield Health Care Group, Inc.	100.00%	2,252		2,252	17
18	V	6 Repairs & Maintenance		Butterfield Health Care Group, Inc.	100.00%	75,662		75,662	18
19	V	9 Medical Director		Butterfield Health Care Group, Inc.	100.00%	23,183		23,183	19
20	V	11 Activities		Butterfield Health Care Group, Inc.	100.00%				20
21	V	17 Administrative Costs	1,593,000	Butterfield Health Care Group, Inc.	100.00%	91,226		(1,501,774)	21
22	V	19 Professional Services		Butterfield Health Care Group, Inc.	100.00%	133,988		133,988	22
23	V	20 Dues, Fees & Subscriptions		Butterfield Health Care Group, Inc.	100.00%	12,896		12,896	23
24	V	21 Clerical & General Office exp.		Butterfield Health Care Group, Inc.	100.00%	441,390		441,390	24
25	V	23 Training & Education		Butterfield Health Care Group, Inc.	100.00%	1,040		1,040	25
26	V	24 Travel & Seminar		Butterfield Health Care Group, Inc.	100.00%	724		724	26
27	V	25 Auto Expense		Butterfield Health Care Group, Inc.	100.00%	7,142		7,142	27
28	V	26 Insurance		Butterfield Health Care Group, Inc.	100.00%	713		713	28
29	V	27 Employee Benefits General & Admin.		Butterfield Health Care Group, Inc.	100.00%	97,406		97,406	29
30	V	30 Depreciation		Butterfield Health Care Group, Inc.	100.00%	24,023		24,023	30
31	V	32 Interest		Butterfield Health Care Group, Inc.	100.00%	259		259	31
32	V	34 Rent Building		Butterfield Health Care Group, Inc.	100.00%	232,081		232,081	32
33	V	35 Equipment Rental		Butterfield Health Care Group, Inc.	100.00%	10,976		10,976	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 1,593,000			\$ 1,156,716	\$ *	(436,284)	39

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

Butterfield Health Care II, Inc.
D/B/A Meadowbrook Manor of Naperville
Provider # 0041285
12/31/2011

Schedule 6A

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

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

Facility Name & ID Number Meadowbrook Manor of Naperville # 0041285 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	184,898	8	20.00	Mgt Salaries	\$ 36,317	17(7)	1
2	Nicholas Vangel	Operating Supv.	Administrative	12.50	83,993	2	5.00	Mgt Salaries	18,655	17(7)	2
3	Robert Jafari	Operating Supv.	Administrative	25.00	53,577	2	5.00	Mgt Salaries	30,431	17(7)	3
4	Kathy Hocuk	Empl Benefits Admin	Administrative	5.00	10,253	2	5.00	Mgt Salaries	5,823	17(7)	4
5	Robert Jafari	Consultant	Administrative	25.00	167,412	2	5.00	Prof Fees	95,088	19(7)	5
6	Kianoosh Jafari	Operating Supv.	Administrative	25.00	40,817	10	25.00	Medical Director	23,183	9(7)	6
7	Dorothy Vangel	Operating Supv.	Administrative	12.50	30,690	0	0.00	N/A	0	N/A	7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 209,497		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

Facility Name & ID Number Meadowbrook Manor of Naperville

0041285

Report Period Beginning:

01/01/2011

Ending: 2/31/2011

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	224,378	3	\$ 4,845	\$ 81,279	\$ 1,755	1	
2	3	Housekeeping	Resident Days	224,378	3	0	81,279	0	2	
3	5	Utilities	Resident Days	224,378	3	6,217	81,279	2,252	3	
4	6	Repairs & Maintenance	Resident Days	224,378	3	208,871	194,407	81,279	75,662	4
5	9	Medical Director	Resident Days	224,378	3	64,000	81,279	23,183	5	
6	11	Activities	Resident Days	224,378	3	0	81,279	0	6	
7	17	Administrative Costs	Resident Days	224,378	3	251,838	251,838	81,279	91,226	7
8	19	Professional Services	Resident Days	224,378	3	369,887	81,279	133,988	8	
9	20	Dues, Fees & Subscriptions	Resident Days	224,378	3	35,601	81,279	12,896	9	
10	21	Clerical & General Office exp.	Resident Days	224,378	3	1,218,498	1,114,078	81,279	441,390	10
11	23	Training & Education	Resident Days	224,378	3	2,870	81,279	1,040	11	
12	24	Travel & Seminar	Resident Days	224,378	3	2,000	81,279	724	12	
13	25	Auto Expense	Resident Days	224,378	3	19,715	81,279	7,142	13	
14	26	Insurance	Resident Days	224,378	3	1,968	81,279	713	14	
15	27	Employee Benefits General & Admin.	Resident Days	224,378	3	268,897	81,279	97,406	15	
16	30	Depreciation	Resident Days	224,378	3	66,317	81,279	24,023	16	
17	32	Interest	Resident Days	224,378	3	716	81,279	259	17	
18	34	Rent Building	Resident Days	224,378	3	640,680	81,279	232,081	18	
19	35	Equipment Rental	Resident Days	224,378	3	30,301	81,279	10,976	19	
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 3,193,221	\$ 1,560,323	\$ 1,156,716	25	

Facility Name & ID Number

Meadowbrook Manor of Naperville

0041285

Report Period Beginning:

01/01/2011

Ending:

12/31/2011

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	
										Amount of Note
Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Original	Balance			
YES	NO									
A. Directly Facility Related										
Long-Term										
1						\$	\$			\$
2	GMAC	X	Mortgage		5/22/03			10/31/11	0.0525	96,729
3	Cambridge - HUD	X	Mortgage	\$67,449.00	10/31/11	16,320,000	16,300,151	10/01/46	3.5000	643,714
4		x	Amortization of Loan Cost					10/01/46	3.5000	105,852
5										
Working Capital										
6	Banco Popular	X	Working Capital	N/A	10/31/11		535,579	10/31/12	4.7500	3,139
7	Omicare	X	Working Capital	\$11,750.00	3/19/09	622,625	298,582	3/20/14	5.0000	18,274
8	See Sch 9A									35,318
9	TOTAL Facility Related			\$79,199.00		\$ 16,942,625	\$ 17,134,312			\$ 903,026
B. Non-Facility Related*										
10										
11										(16,948)
12										259
13										
14	TOTAL Non-Facility Related					\$	\$			\$ (16,689)
15	TOTALS (line 9+line14)					\$ 16,942,625	\$ 17,134,312			\$ 886,337

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.)

** 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 of Naperville # 0041285 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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			
A. Directly Facility Related																				
Long-Term																				
1										1										
2										2										
3										3										
4										4										
5										5										
6	JP Morgan Chase		X	Working Capital		5/31/05		0	10/31/11	Prime -.5	32,035	6								
7	Banco Popular		X	Amortization Loan Cost							3,283	7								
8												8								
9	TOTAL Facility Related						\$ 0	\$ 0			\$ 35,318	9								
B. Non-Facility Related*																				
10												10								
11												11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$ 0	\$ 0			\$ 0	14								
15	TOTALS (line 9+line14)						\$ 0	\$ 0			\$ 35,318	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.)

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

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.				
1.	Real Estate Tax accrual used on 2010 report.			\$	<u>220,000</u>	1
2.	Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	2010		\$	<u>221,650</u>	2
3.	Under or (over) accrual (line 2 minus line 1).			\$	<u>1,650</u>	3
4.	Real Estate Tax accrual used for 2011 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	<u>230,000</u>	4
5.	Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$		5
6.	Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$		6
7.	Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	<u>231,650</u>	7
Real Estate Tax History:						
Real Estate Tax Bill for Calendar Year:		2006	<u>219,262</u>	8		
		2007	<u>212,607</u>	9		
		2008	<u>224,247</u>	10		
		2009	<u>213,619</u>	11		
		2010	<u>221,650</u>	12		
<u>2010 Tax Bill=221,650</u>						
<u>Estimated increase=.04</u>						
<u>Total= \$230,515</u>						
<u>use = \$230,000</u>						
				FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2010	\$				13
14	PLUS APPEAL COST FROM LINE 5	\$				14
15	LESS REFUND FROM LINE 6	\$				15
16	AMOUNT TO USE FOR RATE CALCULATION	\$				16

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

2010 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Meadowbrook Manor of Naperville COUNTY DuPage

FACILITY IDPH LICENSE NUMBER 0041285

CONTACT PERSON REGARDING THIS REPORT Scott Gabrys

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2010 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2010.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>07-14-113-001</u>	<u>Nursing Home</u>	\$ <u>221,649.84</u>	\$ <u>221,649.84</u>
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>221,649.84</u></u>	\$ <u><u>221,649.84</u></u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2010 tax bills which were listed in Section A to this statement. Be sure to use the 2010 tax bill which is normally paid during 2011.

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

Facility Name & ID Number Meadowbrook Manor of Naperville

0041285

Report Period Beginning:

01/01/2011 Ending:

12/31/2011

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).

None

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

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

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

Nature of Costs:

(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>148,410</u>	<u>1996</u>	<u>\$ 279,600</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	148,410		\$ 279,600	3

Facility Name & ID Number Meadowbrook Manor of Naperville

0041285

Report Period Beginning:

01/01/2011 Ending:

12/31/2011

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	245		1996	1996	\$ 9,863,922	\$	40	\$ 246,598	\$ 246,598	\$ 3,927,426	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9		Landscapping improvements		1996	22,797		15	1,517	1,517	22,797	9
10		Fence		1996	5,500		15	32	32	5,500	10
11		Land Improvements		1996	12,824		40	320	320	5,095	11
12		Doors		1998	5,961		20	298	298	4,321	12
13		Landscaping improvements-shrubs trees evergreens		1998	22,729		20	1,136	1,136	15,336	13
14		Leasehold improvements-air ducts, dampers, chimney		2001	4,425		20	221	221	2,321	14
15		Electrical work - dialysis room		2005	4,024		20	201	201	1,909	15
16		Lockinvar burner		2005	3,584		20	179	179	1,703	16
17		Fence		2005	1,465		20	73	73	696	17
18		signs		2005	2,775		20	139	139	1,317	18
19		Exterior signs-electroical sork for signs		2003	1,575		20	79	79	786	19
20		Exterior signs-electroical sork for signs		2003	6,020		20	301	301	2,257	20
21		Plumbing for dialysis room		2003	5,540		10	277	277	2,767	21
22		Plumbing for dialysis room		2003	10,989		20	549	549	4,118	22
23		Install 7 doors		2003	3,433		20	172	172	1,290	23
24		Sealcoat parking lot		2003	3,000		20	150	150	1,125	24
25		Install vents in oxygen room		2003	2,061		20	103	103	1,033	25
26		Replace monitors and multiplexer for fire alarm		2003	1,890		20	94	94	939	26
27		Install fire alarm sensors		2003	9,517		20	476	476	3,570	27
28		Butterfly garden		2004	4,851		20	243	243	1,822	28
29		Install fence		2004	1,050		20	52	52	390	29
30		Install smoke dampers and motors		2004	3,300		20	165	165	1,237	30
31		Install carpeting		2004	56,444		20	2,822	2,822	21,167	31
32		Install fan		2004	3,218		20	161	161	1,207	32
33		Rebuild hoe water valves		2004	1,657		20	83	83	622	33
34		Install two doors.		2004	1,312		20	66	66	495	34
35											35
36											36

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

See Page 12A, Line 70 for total

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

Facility Name & ID Number Meadowbrook Manor of Naperville

0041285

Report Period Beginning:

01/01/2011 Ending:

12/31/2011

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	2005	\$ 2,895	\$	10	\$ 289	\$ 289	\$ 1,879	37
38	2005	1,995		10	200	200	1,300	38
39	2005	6,765		10	676	676	4,394	39
40	2005	3,980		10	398	398	2,587	40
41	2005	6,700		10	670	670	4,355	41
42	2005	66,259		10	6,626	6,626	43,069	42
43	2006	3,309		10	331	331	1,820	43
44	2006	12,206		10	1,221	1,221	6,715	44
45	2006	42,270		10	4,227	4,227	23,249	45
46	2006	12,436		10	1,244	1,244	6,842	46
47	2007	64,390		10	6,439	6,439	28,975	47
48	2007	73,513		10	7,351	7,351	33,080	48
49	2007	2,622		10	262	262	1,179	49
50	2007	31,600		10	3,160	3,160	14,220	50
51	2007	4,283		10	428	428	1,926	51
52	2008	5,775		10	578	578	2,023	52
53	2008	4,975		10	498	498	1,743	53
54	2008	9,254		10	925	925	3,238	54
55	2008	17,157		10	1,716	1,716	6,006	55
56	2008	2,953		10	295	295	1,033	56
57	2008	3,695		10	370	370	1,295	57
58	2008	7,744		10	774	774	2,709	58
59	2008	9,243		10	924	924	3,234	59
60	2008	2,585		10	259	259	906	60
61	2008	2,994		10	299	299	1,047	61
62	2009	48,761		10	4,876	4,876	12,190	62
63	2009	4,843		10	484	484	1,210	63
64	2009	26,051		10	2,605	2,605	6,513	64
65	2009	2,533		10	253	253	633	65
66	2009	7,040		10	704	704	1,760	66
67	2009	2,700		10	270	270	675	67
68	2009	2,600		10	260	260	650	68
69	2009	8,870		20	444	444	1,110	69
70		\$ 10,570,859	\$		\$ 306,563	\$ 306,563	\$ 4,256,811	70

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

Facility Name & ID Number Meadowbrook Manor of Naperville

0041285

Report Period Beginning:

01/01/2011 Ending: 12/31/2011

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 10,570,859	\$		\$ 306,563	\$ 306,563	\$ 4,256,811	1
2	2009	2,574		10	257	257	643	2
3								3
4	2010	76,804		10	7,680	7,680	11,520	4
5	2010	5,675		10	568	568	852	5
6	2010	20,949		10	2,095	2,095	3,142	6
7	2010	3,661		10	366	366	549	7
8	2010	33,132		10	3,313	3,313	4,970	8
9	2010	6,972		10	697	697	1,046	9
10	2010	6,633		10	663	663	995	10
11	2010	7,376		10	738	738	1,107	11
12	2010	5,339		10	534	534	667	12
13	2011	85,765		10	8,577	8,577	8,577	13
14								14
15	2011	84,930		10	8,493	8,493	8,493	15
16								16
17	2011	73,907		10	7,391	7,391	7,391	17
18								18
19	2011	8,340		10	834	834	834	19
20	2011	8,493		10	849	849	849	20
21	2011	3,633		10	363	363	363	21
22	2011	3,360		10	336	336	336	22
23	2011	6,135		10	614	614	614	23
24	2011	3,262		10	326	326	326	24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32			87,794			(87,794)		32
33								33
34		\$ 11,017,799	\$ 87,794		\$ 351,257	\$ 263,463	\$ 4,310,085	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-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	\$ 699,489	\$ 67,813	\$ 92,650	\$ 24,837	5-10 yrs	\$ 318,957	71
72	Current Year Purchases	49,517	2,927		(2,927)	5-10 yrs	2,927	72
73	Fully Depreciated Assets	309,230				5-10 yrs	309,230	73
74	Alloc. Bldg Co. & Mmgt Co.	963,824		24,023	24,023	5-7 yrs	963,824	74
75	TOTALS	\$ 2,022,060	\$ 70,740	\$ 116,673	\$ 45,933		\$ 1,594,938	75

D. Vehicle Costs. (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										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)		\$ 13,319,459	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)		\$ 158,534	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)		\$ 467,930	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)		\$ 309,396	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)		\$ 5,905,023	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 buffet	\$ 52,690	92
93			93
94			94
95		\$ 52,690	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: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5	<u>Allocated from Management Company</u>				<u>232,081</u>			5
6								6
7	TOTAL				\$ 232,081			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 N/A.

N/A
N/A

9. Option to Buy: YES NO Terms: N/A *

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: \$ 128,015 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	<u>N/A</u>		\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12. _____/2012 \$ _____

13. _____/2013 \$ _____

14. _____/2014 \$ _____

* 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 of Naperville
0041285
12/31/2011

Schedule 14 A

Schedule 14A

XII. Rental Costs

Line 16 - Description

Copier	13,606
Storage	-
Medical Equipment	23,537
Mattress & Beds	76,903
Postage Meter	2,993
Management Co.	<u>10,976</u>
Total	<u><u>128,015</u></u>

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?</p> <p><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 type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</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		Contract	Total
		1 Drop-outs	2 Completed		
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)		17,692		17,692
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$ 17,692	\$	\$ 17,692
10	SUM OF line 9, col. 1 and 2 (e)	\$	17,692		

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.

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service			Units	Cost					
1	Licensed Occupational Therapist	10A(1,2)	6493	hrs	\$ 241,795					6,493	\$ 241,795	1
2	Licensed Speech and Language Development Therapist	10A(1,2)	1930	hrs	72,543					1,930	72,543	2
3	Licensed Recreational Therapist			hrs								3
4	Licensed Physical Therapist	10A(1,2)	11568	hrs	427,332			15,050		11,568	442,382	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				328,798			328,798	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs								10
11	Academic Education			hrs								11
12	Other (specify):											12
13	Other (specify): <u>Oxygen</u>	39(2)						72,301			72,301	13
14	TOTAL				\$ 741,670		\$	\$ 416,149		19,991	\$ 1,157,819	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.

Facility Name & ID Number Meadowbrook Manor of Naperville

0041285

Report Period Beginning: 01/01/2011

Ending: 12/31/2011

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2011

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 17,787	\$ 17,787	1
2	Cash-Patient Deposits	88,841	88,841	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>340,683</u>)	2,952,726	2,952,726	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	213,537	213,537	6
7	Other Prepaid Expenses	7,125	7,125	7
8	Accounts Receivable (owners or related parties)	1,764,479	1,764,479	8
9	Other(specify): <u>See Schedule 17A</u>		93,272	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 5,044,495	\$ 5,137,767	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		279,600	13
14	Buildings, at Historical Cost		10,155,801	14
15	Leasehold Improvements, at Historical Cost	762,058	861,998	15
16	Equipment, at Historical Cost	1,058,236	2,022,060	16
17	Accumulated Depreciation (book methods)	(965,534)	(5,905,023)	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 CIP)	296,687	296,687	22
23	Other(specify): <u>Mortgage Costs</u>	48,005	163,680	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,199,452	\$ 7,874,803	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,243,947	\$ 13,012,570	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 696,046	\$ 696,046	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	83,492	83,492	28
29	Short-Term Notes Payable	834,161	834,161	29
30	Accrued Salaries Payable	410,710	410,710	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)		230,000	32
33	Accrued Interest Payable	3,139	3,139	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Sch 17A</u>	165,377	165,377	36
37	<u>See Sch 17A</u>	5,144,643	5,144,643	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 7,337,568	\$ 7,567,568	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		16,300,151	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Note Payable-Shareholders</u>	300,000	300,000	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 300,000	\$ 16,600,151	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 7,637,568	\$ 24,167,719	46
47	TOTAL EQUITY(page 18, line 24)	\$ (1,393,621)	\$ (11,155,149)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 6,243,947	\$ 13,012,570	48

*(See instructions.)

Butterfield Health Care II, Inc.
Meadowbrook Manor of Naperville
0041285
12/31/2011

Schedule 17C

XV. Balance Sheet

A. Current Assets	Operating	After Consolidation
Line 9 -Other		
Real estate tax escrow	-	79,000
Mortgage Insurance escrow	-	14,272
	-	93,272

C. Current Liabilities	Operating	After Consolidation
Line 36 -Other Current Liabilities		
Accrued - Payroll Taxes	23,455	23,455
Accrued 401K	72	72
Resident Credit Balance	141,850	141,850
	165,377	165,377

C. Current Liabilities	Operating	After Consolidation
Line 37 -Other Current Liabilities		
Other Deposits	386	386
Due From/To Bolingbrook	703,119	703,119
Due From/To BHC Construction	5,106	5,106
Due From/To BHC VIII	8,462	8,462
Accrued - Rent	4,425,016	4,425,016
N/P - State	2,554	2,554
	5,144,643	5,144,643

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (146,466)	1
2	Restatements (describe):		2
3	Rounding	(2)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (146,468)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(67,153)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	(1,180,000)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,247,153)	17
B. Transfers (Itemize):			
18			18
19	Rounding		19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (1,393,621)	24 *

* This must agree with page 17, line 47.

**XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.
Note: This schedule should show gross revenue and expenses. Do not net revenue against expense**

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 13,553,787	1
2	Discounts and Allowances for all Levels	220,542	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,774,329	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,567,209	6
7	Oxygen	140,436	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,707,645	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	5,867	13
14	Non-Patient Meals	2,066	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	322,404	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	4,800	19
20	Radiology and X-Ray	15,975	20
21	Other Medical Services	270,723	21
22	Laundry	6,268	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 628,103	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	16,718	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 16,718	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Miscellaneous Income</u>	197	28
28a	<u>Vending Income</u>	305	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 502	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 16,127,297	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,159,118	31
32	Health Care	6,939,535	32
33	General Administration	3,463,900	33
B. Capital Expense			
34	Ownership	3,015,048	34
C. Ancillary Expense			
35	Special Cost Centers	482,711	35
36	Provider Participation Fee	134,138	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 16,194,450	40
41	Income before Income Taxes (line 30 minus line 40)**	(67,153)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (67,153)	43

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

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

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

Facility Name & ID Number Meadowbrook Manor of Naperville

0041285

Report Period Beginning:

01/01/2011

Ending:

12/31/2011

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	1,887	1,979	\$ 91,708	\$ 46.34	1
2	Assistant Director of Nursing	2,728	3,310	109,518	33.09	2
3	Registered Nurses	57,194	60,580	1,763,621	29.11	3
4	Licensed Practical Nurses	29,692	31,692	799,723	25.23	4
5	CNAs & Orderlies	148,353	157,633	1,898,195	12.04	5
6	CNA Trainees	1,806	1,841	17,692	9.61	6
7	Licensed Therapist	17,454	19,991	741,670	37.10	7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	18,930	20,136	196,512	9.76	10
11	Social Service Workers	8,079	8,727	129,804	14.87	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants					15
16	Dishwashers	43,331	46,515	467,005	10.04	16
17	Maintenance Workers	6,859	7,438	149,183	20.06	17
18	Housekeepers	27,288	29,276	266,083	9.09	18
19	Laundry	11,842	12,965	115,453	8.90	19
20	Administrator	1,952	2,080	66,748	32.09	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	11,574	12,743	192,038	15.07	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	1,864	2,160	33,130	15.34	31
32	Other Health C: See Sch 20A	29,770	32,736	582,150	17.78	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	420,603	451,802	\$ 7,620,233 *	\$ 16.87	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	396	\$ 17,226	1(3)	35
36	Medical Director	Monthly	30,000	9(3)	36
37	Medical Records Consultant	Monthly	4,608	10(3)	37
38	Nurse Consultant	Monthly	23,380	10(3)	38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	229	9,337	10A(3)	42
43	Speech Therapy Consultant				43
44	Activity Consultant	48	2,496	11(3)	44
45	Social Service Consultant	46	2,775	12(3)	45
46	Other(specify) <u>Quality Assurance</u>	48	17,783	10(3)	46
47					47
48					48
49	TOTAL (lines 35 - 48)	767	\$ 107,605		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

Butterfield Health Care II, Inc.
Meadowbrook Manor of Naperville
0041285
12/31/2011

Schedule 20 A

XXVIII. A. Staffing and Salary costs

Name	Number of Hrs Worked	Number Hrs Paid	Tot Sal & Wages	Ave. Hourly
Ward Clerks	6,446	7,008	95,915	13.69
Central Supply	1,954	2,094	24,884	11.88
Nursing Administration	10,597	11,862	258,948	21.83
Rehabilitation Nursing	2,092	2,236	53,901	24.11
Rehabilitation Aides	8,681	9,536	148,502	15.57
Total	<u>29,770</u>	<u>32,736</u>	<u>582,150</u>	<u>17.78</u>

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	Amount	
Patricia Stambaugh	Administrator	0	\$ 66,748	Workers' Compensation Insurance	\$ 159,506	IDPH License Fee	\$ 1,990		
				Unemployment Compensation Insurance	75,687	Advertising: Employee Recruitment	1,875		
				FICA Taxes	574,521	Health Care Worker Background Check	3,500		
				Employee Health Insurance	199,010	(Indicate # of checks performed 125)			
				Employee Meals		Patient Background Checks	219	2,190	
				Illinois Municipal Retirement Fund (IMRF)*		Illinois Council Long Term Care		24,182	
				401K	35,988	Less: COPE Fees		(6,099)	
				Other Employee Benefits	21,926	Misc. Dues & Subscriptions		7,101	
				Employee Lab Test	5,376	Misc. Licenses		4,308	
				Uniform Allowance	3,110	Alloc. From Mgmt Co.		12,896	
						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)			
					\$ 66,748				
B. Administrative - Other				TOTAL (agree to Schedule V, line 22, col.8)					
					\$ 1,075,124				
Description				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Amount				Description			Amount		
Management Fees (eliminated on Sch V, col. 7)				N/A			Out-of-State Travel		
\$ 1,593,000							\$		
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			In-State Travel		
\$ 1,593,000							Seminar Expense		
							1,552		
C. Professional Services							Allocated from Mgmt. Co.		
Vendor/Payee							724		
Type							Entertainment Expense		
Amount							()		
FR&R Healthcare Consulting							(agree to Sch. V, line 24, col. 8)		
Professional Services							\$ 2,276		
ADP Inc.									
Payroll Services									
Gemino Healthcare Finance									
Professional Services									
Innovative LTC Solutions									
Billing Services									
Richard Peelo & Associates									
Accounting									
Rehab Management Systems									
Billing Services									
Cardiac Diagnostics									
Professional Services									
Personnel Planners, INC									
Unemployment Consultant									
Unemployment Consultants									
Unemployment Consultant									
Life Safety									
Professional Services									
RSM McGladrey									
Accounting Services									
See Schedule 21A									
51,219									
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)									
\$ 162,121									

* Attach copy of IMRF notifications

**See instructions.

Butterfield Health Care VII, LLC
Meadowbrook Manor of Naperville
Provider #: 0041285
01/01/2011 to 12/31/2011

Schedule 21A

XIX. SUPPORT SCHEDULE
C. Professional Services

Polsinelli Shughart PC	Legal	30,378
Levenson & Metz S.C.	Legal	3,330
Scott & Kraus LLC	Legal	7,508
Hunt, Kaiser, Aranda & Subach, LTD	Legal	2,125
Dubin Law Group	Legal	1,436
Grabowski Law Center LLC	Legal - Collections	6,060
Hamilton Thies Lorch & Hagnell	Legal	235
Illinois Secretary of State	Professional Services	100
IL LL Certificates	Professional Services	47
State of Illinois	HUD Application	
Wescomm Solutions Inc	Computer Services	
Visionshare	Computer Services	
SAS Architects & Planners	Architect	
Crane and Norcross	Real Estate Tax Appeal	
Total for Schedule 21A		<u>51,219</u>
Total (agree to Schedule V, line 19, column 3)		162,121
Allocation from Butterfield Health Care Group	Professional Services	111,886
Allocation from Butterfield Health Care Group	Accounting	18,509
Allocation from Butterfield Health Care Group	Legal	0
Allocation from Butterfield Health Care Group	Computer Services	3,593
Less: Disallowed legal fees Collections		(6,060)
Out of period legal		(3,975)
Total (agree to Schedule V, line 19, column 8)		<u>286,074</u>

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

(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	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	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Meadowbrook Manor of Naperville

0041285

Report Period Beginning: 01/01/2011

Ending: 12/31/2011

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-\$24,182
- (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? 9.43 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 50,240 Line 10(2)
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? NO
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 134,138
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ N/A Has any meal income been offset against related costs? Yes Indicate the amount. \$ 2,066
- (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

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjustments	Adjusted Total
1. Dietary	467,005	50,871	17,226	535,102	0	535,102	-305	534,797
2. Food Purchase	0	477,336	0	477,336	0	477,336	-311	477,025
3. Housekeeping	266,083	70,070	0	336,153	0	336,153	0	336,153
4. Laundry	115,453	59,916	0	175,369	0	175,369	0	175,369
5. Heat and Other Utilities	0	0	274,680	274,680	0	274,680	2,252	276,932
6. Maintenance	149,183	23,460	187,835	360,478	0	360,478	75,662	436,140
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	997,724	681,653	479,741	2,159,118	0	2,159,118	77,298	2,236,416
9. Medical Director	0	0	30,000	30,000	0	30,000	23,183	53,183
10. Nursing & Medical Records	5,278,045	451,813	45,771	5,775,629	0	5,775,629	0	5,775,629
10a. Therapy	741,670	15,050	9,337	766,057	0	766,057	0	766,057
11. Activities	196,512	18,535	2,496	217,543	0	217,543	0	217,543
12. Social Services	129,804	35	2,775	132,614	0	132,614	0	132,614
13. Nurse Aide Training	17,692	0	0	17,692	0	17,692	0	17,692
14. Program Transportation	0	0	0	0	0	0	0	0
15. Other (specify)*	0	0	0	0	0	0	0	0
16. Total Health Care & Programs	6,363,723	485,433	90,379	6,939,535	0	6,939,535	23,183	6,962,718
17. Administrative	66,748	0	1,593,000	1,659,748	0	1,659,748	-1,501,774	157,974
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	162,121	162,121	0	162,121	123,953	286,074
20. Fees, Subscriptions & Promotion	0	0	45,146	45,146	0	45,146	6,797	51,943
21. Clerical & General Office	192,038	48,671	95,365	336,074	0	336,074	441,193	777,267
22. Employee Benefits & Payroll	0	0	1,075,124	1,075,124	0	1,075,124	0	1,075,124
23. Inservice Training & Education	0	0	9,591	9,591	0	9,591	1,040	10,631
24. Travel and Seminar	0	0	1,552	1,552	0	1,552	724	2,276
25. Other Admin. Staff Trans	0	0	483	483	0	483	7,142	7,625
26. Insurance-Prop.Liab.Malpractice	0	0	174,061	174,061	0	174,061	99,334	273,395
27. Other (specify)*	0	0	0	0	0	0	97,406	97,406
28. Total General Adminis	258,786	48,671	3,156,443	3,463,900	0	3,463,900	-724,185	2,739,715
29. Total General Administrative	7,620,233	1,215,757	3,726,563	12,562,553	0	12,562,553	-623,704	11,938,849
30. Depreciation	0	0	158,534	158,534	0	158,534	309,396	467,930
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	56,731	56,731	0	56,731	829,606	886,337
33. Real Estate	0	0	0	0	0	0	231,650	231,650
34. Rent - Facility & Grounds	0	0	2,682,744	2,682,744	0	2,682,744	-2,450,663	232,081
35. Rent - Equipment & Vehicles	0	0	117,039	117,039	0	117,039	10,976	128,015
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	3,015,048	3,015,048	0	3,015,048	-1,069,035	1,946,013
38. Medically Necessary T	0	0	6,443	6,443	0	6,443	0	6,443
39. Ancillary Service Cent	0	401,099	0	401,099	0	401,099	0	401,099
40. Barber and Beauty Shop	0	0	0	0	0	0	0	0
41. Coffee and Gift Shops	0	0	0	0	0	0	0	0
42. Other (specify):*	0	0	134,138	134,138	0	134,138	0	134,138
43. Other (specify):*	0	0	75,169	75,169	0	75,169	-75,169	0
44. Total Special Cost Ce	0	401,099	215,750	616,849	0	616,849	-75,169	541,680
45. Grand Total	7,620,233	1,616,856	6,957,361	16,194,450	0	16,194,450	-1,767,908	14,426,542

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	17,787	17,787
2. Cash - Patient Deposits	88,841	88,841
3. Accounts & Notes Recievable	2,952,726	2,952,726
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	213,537	213,537
7. Other Prepaid Expenses	7,125	7,125
8. Accounts Receivable-Owner/Related Party	1,764,479	1,764,479
9. Other (specify):	0	93,272
10. Total current assets	5,044,495	5,137,767
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	0	279,600
14. Buildings, at Historical Cost	0	10,155,801
15. Leasehold Improvements, Historical Cost	762,058	861,998
16. Equipment, at Historical Cost	1,058,236	2,022,060
17. Accumulated Depreciation (book methods)	-965,534	-5,905,023
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	296,687	296,687
23. other (specify):	48,005	163,680
24. Total Long-Term Assets	1,199,452	7,874,803
25. Total Assets	6,243,947	13,012,570
CURRENT LIABILITIES		
26. Accounts Payable	696,046	696,046
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	83,492	83,492
29. Short-Term Notes Payable	834,161	834,161
30. Accrued Salaries Payable	410,710	410,710
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	0	230,000
33. Accrued Interest Payable	3,139	3,139
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	165,377	165,377
37. Other Current Liabilities (specify):	5,144,643	5,144,643
38. Total Current Liabilities	7,337,568	7,567,568
LONG TERM LIABILITES		
39.Long-Term Notes Payable	0	0
40.Mortgage Payable	0	16,300,151
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	300,000	300,000
44.Other Long-Term Liabilities (specify):	0	0
45.Total Long-Term Liabilities	300,000	16,600,151
46.Total Liabilities	7,637,568	24,167,719
47.Total Equity	-1,393,621	-11,155,149
48.Total Liabilities and Equity	6,243,947	13,012,570

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	13,553,787
2. Discounts and Allowances for all Levels	220,542
Subtotal - Inpatient Care	13,774,329
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	1,567,209
7. Oxygen	140,436
Subtotal - Ancillary Revenue	1,707,645
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	0
13. Barber and Beauty Care	5,867
14. Non-Patient Meals	2,066
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	322,404
18. Sale of Supplies to Non-Patients	0
19. Laboratory	4,800
20. Radiology and X-Ray	15,975
21. Other Medical Services	270,723
22. Laundry	6,268
Subtotal - Other Operating Revenue	628,103
24. Contributions	0
25. Interest and Other Investments Income	16,718
Subtotal - Non-Operating Revenue	16,718
27. Other Revenue (specify):	197
28. Other Revenue (specify):	305
Subtotal - Other Revenue	502
30. Total Revenue	16,127,297
31. General Services	3,302,767
32. Health Care	5,744,785
33. General Administration	2,518,380
34. Ownership	502,037
35. Special Cost Centers	1,226,172
35. Provider Participation Fee	97,722
37. Other	0
40. Total Expenses	13,391,863
41. Income Before Income Taxes	2,735,434
42. Income Taxes	0
43. Net Income or Loss for the Year	2,735,434