

Facility Name & ID Number Meadowbrook Manor LaGrange

0047274 Report Period Beginning: 01/01/13 Ending: 12/31/13

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	<u>94</u>	Skilled (SNF)	<u>94</u>	<u>34,310</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>103</u>	Intermediate (ICF)	<u>103</u>	<u>37,595</u>	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>197</u>	TOTALS	<u>197</u>	<u>71,905</u>	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	<u>29,743</u>	<u>12,647</u>	<u>4,986</u>	<u>47,376</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>29,743</u>	<u>12,647</u>	<u>4,986</u>	<u>47,376</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 65.89%

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 4,446

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: 12/31/13 Fiscal Year: 12/31/1

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

Facility Name & ID Number

Meadowbrook Manor LaGrange

0047274

Report Period Beginning:

01/01/13

Ending:

12/31/13

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	295,597	36,023	12,898	344,518		344,518	(30)	344,488		1
2	Food Purchase		282,778		282,778		282,778	(200)	282,578		2
3	Housekeeping	227,451	48,844		276,295		276,295	314	276,609		3
4	Laundry	72,622	21,999		94,621		94,621		94,621		4
5	Heat and Other Utilities			176,976	176,976		176,976	1,970	178,946		5
6	Maintenance	109,138	13,700	145,256	268,094		268,094	39,523	307,617		6
7	Other (specify):*										7
8	TOTAL General Services	704,808	403,344	335,130	1,443,282		1,443,282	41,577	1,484,859		8
	B. Health Care and Programs										
9	Medical Director			18,500	18,500		18,500	14,954	33,454		9
10	Nursing and Medical Records	3,058,548	319,241	33,340	3,411,129		3,411,129	10,198	3,421,327		10
10a	Therapy	577,275	5,760	1,720	584,755		584,755		584,755		10a
11	Activities	140,909	8,545	1,651	151,105		151,105		151,105		11
12	Social Services	74,318		1,972	76,290		76,290	14,179	90,469		12
13	CNA Training	567			567		567		567		13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	3,851,617	333,546	57,183	4,242,346		4,242,346	39,331	4,281,677		16
	C. General Administration										
17	Administrative	83,912		200,000	283,912		283,912	(123,188)	160,724		17
18	Directors Fees										18
19	Professional Services			139,245	139,245		139,245	17,952	157,197		19
20	Dues, Fees, Subscriptions & Promotions			35,126	35,126		35,126	(1,061)	34,065		20
21	Clerical & General Office Expenses	219,820	31,678	49,748	301,246		301,246	187,138	488,384		21
22	Employee Benefits & Payroll Taxes			898,274	898,274		898,274		898,274		22
23	Inservice Training & Education			3,016	3,016		3,016	105	3,121		23
24	Travel and Seminar			813	813		813	49	862		24
25	Other Admin. Staff Transportation			3,487	3,487		3,487	4,387	7,874		25
26	Insurance-Prop.Liab.Malpractice			143,874	143,874		143,874	14,436	158,310		26
27	Other (specify):*							56,085	56,085		27
28	TOTAL General Administration	303,732	31,678	1,473,583	1,808,993		1,808,993	155,903	1,964,896		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,860,157	768,568	1,865,896	7,494,621		7,494,621	236,811	7,731,432		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 LaGrange

#0047274

Report Period Beginning:

01/01/13

Ending:

12/31/13

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			126,012	126,012		126,012	141,361	267,373			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			20,137	20,137		20,137	157,610	177,747			32
33	Real Estate Taxes			6,404	6,404		6,404	365,492	371,896			33
34	Rent-Facility & Grounds			1,320,000	1,320,000		1,320,000	(1,265,242)	54,758			34
35	Rent-Equipment & Vehicles			66,070	66,070		66,070	7,295	73,365			35
36	Other (specify):*											36
37	TOTAL Ownership			1,538,623	1,538,623		1,538,623	(593,484)	945,139			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation			21,846	21,846		21,846		21,846			38
39	Ancillary Service Centers	27,545	201,304	45,138	273,987		273,987		273,987			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			363,957	363,957		363,957		363,957			42
43	Other (specify):* Non-Allowable Co			420,329	420,329		420,329	(420,329)				43
44	TOTAL Special Cost Centers	27,545	201,304	851,270	1,080,119		1,080,119	(420,329)	659,790			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,887,702	969,872	4,255,789	10,113,363		10,113,363	(777,002)	9,336,361			45

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

Facility Name & ID Number Meadowbrook Manor LaGrange

0047274

Report Period Beginning:

01/01/13

Ending:

12/31/13

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	(2,025)	2		4
5	Telephone, TV & Radio in Resident Rooms	(6,033)	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	11,410	30		9
10	Interest and Other Investment Income	(1,621)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,052)	43		13
14	Non-Care Related Interest	(9,027)	32		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	(2,200)	43		18
19	Entertainment				19
20	Contributions	(250)	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	(371,081)	43		24
25	Fund Raising, Advertising and Promotional		43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule Sch5A	(55,200)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (437,079)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(339,923)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (339,923)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (777,002)		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

BHF USE ONLY						
48		49		50		51
						52

Meadowbrook Manor LaGrange

ID# 0047274

Report Period Beginning: 01/01/13

Ending: 12/31/13

Sch. V Line

NON-ALLOWABLE EXPENSES

Amount

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 LaGrange

0047274

12/31/13

Schedule 5A

Schedule 5A

VI. ADJUSTMENT DETAIL

NON-ALLOWABLE EXPENSES

LINE 29 - Other

Description	Amount	Schedule V Reference
To disallow Chamber Dues	(250)	20
To disallow Consolidated Billing Services	(657)	43
To disallow Marketing Expenses	(21,629)	43
To disallow X-Ray expense	(8,907)	43
To disallow Lab expense	(3,618)	43
To disallow Employee Gifts	(3,819)	43
To disallow Resident Gifts	(373)	43
To disallow Physicians - Gifts	(460)	43
To Offset Miscellaneous	(1,672)	21
To disallow out of period legal fees	(5,989)	19
To disallow out of period legal fees	(970)	19
To offset Vending Income	(30)	1
To disallow COPE Fee	(6,826)	20
Total	<u>(55,200)</u>	

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	2 Food	\$	Butterfield Health Care Group, Inc.	100.00%	\$ 1,825	\$ 1,825	1
2	V	3 Housekeeping Supplies		Butterfield Health Care Group, Inc.	100.00%	314	314	2
3	V	5 Utilities		Butterfield Health Care Group, Inc.	100.00%	1,970	1,970	3
4	V	6 Maintenance		Butterfield Health Care Group, Inc.	100.00%	39,523	39,523	4
5	V	9 Medical Director		Butterfield Health Care Group, Inc.	100.00%	14,954	14,954	5
6	V	11 Nursing		Butterfield Health Care Group, Inc.	100.00%	10,198	10,198	6
7	V	13 Social Services		Butterfield Health Care Group, Inc.	100.00%	14,179	14,179	7
8	V	17 Administrative	200,000	Butterfield Health Care Group, Inc.	100.00%	76,812	(123,188)	8
9	V	19 Professional Services		Butterfield Health Care Group, Inc.	100.00%	16,941	16,941	9
10	V	20 Fees, Subscriptions & Promotions		Butterfield Health Care Group, Inc.	100.00%	4,292	4,292	10
11	V	21 Clerical & General Office		Butterfield Health Care Group, Inc.	100.00%	188,465	188,465	11
12	V	23 Inservice Training & Education		Butterfield Health Care Group, Inc.	100.00%	105	105	12
13	V	24 Travel & Seminar		Butterfield Health Care Group, Inc.	100.00%	49	49	13
14	Total		\$ 200,000			\$ 369,627	\$ * 169,627	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	25 Other Admin Staff Transportation	\$	Butterfield Health Care Group, Inc.	100.00%	\$ 4,387	\$	4,387	15
16	V	26 Insurance		Butterfield Health Care Group, Inc.	100.00%	202		202	16
17	V	27 Mgmt Alloc of Benefits		Butterfield Health Care Group, Inc.	100.00%	56,085		56,085	17
18	V	30 Depreciation		Butterfield Health Care Group, Inc.	100.00%	4,628		4,628	18
19	V	32 Interest Expense		Butterfield Health Care Group, Inc.	100.00%				19
20	V	34 Rent-Facility & Grounds		Butterfield Health Care Group, Inc.	100.00%	54,758		54,758	20
21	V	35 Rent-Equipment & Vehicles		Butterfield Health Care Group, Inc.	100.00%	7,295		7,295	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		\$			\$ 127,355	\$ *	127,355	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%	\$ 7,970	\$ 7,970
16	V	20 Fees & Subscriptions		MML Properties, LLC	100.00%	1,473	1,473
17	V	21 Clerical & General Office		MML Properties, LLC	100.00%	345	345
18	V	26 Insurance-Prop., Liab., Malpr.		MML Properties, LLC	100.00%	14,234	14,234
19	V	30 Depreciation		MML Properties, LLC	100.00%	125,323	125,323
20	V	32 Interest Expense		MML Properties, LLC	100.00%	149,304	149,304
21	V	32 Amort of Mortgage Costs		MML Properties, LLC	100.00%	18,954	18,954
22	V	33 Real Estate Taxes		MML Properties, LLC	100.00%	365,492	365,492
23	V	34 Rent	1,320,000	MML Properties, LLC	100.00%		(1,320,000)
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,320,000			\$ 683,095	\$ * (636,905)

* 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
12/31/13

Schedule 6A

VII. Section A. - Related Parties - Column 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>100.00%</u>

Facility Name & ID Number Meadowbrook Manor LaGrange # 0047274 Report Period Beginning: 01/01/13 Ending: 12/31/13

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Christopher Vangel	Operating Supvsr.	Administrative	5.00	125,277	8	20.00	Mgt Salaries	\$ 19,283	17(7)	1
2	Nicholas Vangel	Operating Supvsr.	Administrative	12.50	92,754	2	5.00	Mgt Salaries	10,347	17(7)	2
3	Robert Jafari	Operating Supvsr.	Administrative	25.00	173,540	2	5.00	Mgt Salaries	43,952	17(7)	3
4	Kathy Hocuk	Empl Benefits Admin	Administrative	5.00	62,255	2	5.00	Mgt Salaries	3,230	17(7)	4
5	Kianoosh Jafari	Medical Director	Administrative	25.00	59,046	10	25.00	Medical Director	14,954	9(7)	5
6	Dorothy Vangel	Operating Supvsr.	Administrative	12.50	51,900	0	0.00	N/A		N/A	6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 91,766		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 LaGrange

0047274

Report Period Beginning:

01/01/13

Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Butterfield Health Care Group, Inc.
 Street Address 640 North River Road Suite 106
 City / State / Zip Code Naperville, IL. 60563
 Phone Number (331) 472-4500
 Fax Number (331) 472-4510

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	234,437	3	\$ 9,029	\$ 47,376	\$ 1,825	1
2	3	Housekeeping	Resident Days	234,437	3	1,553	47,376	314	2
3	5	Utilities	Resident Days	234,437	3	9,747	47,376	1,970	3
4	6	Repairs & Maintenance	Resident Days	234,437	3	195,577	172,682	39,523	4
5	9	Medical Director	Resident Days	234,437	3	74,000	47,376	14,954	5
6	11	Nursing	Resident Days	234,437	3	50,463	50,463	10,198	6
7	13	Social Services	Resident Days	234,437	3	70,163	70,163	14,179	7
8	17	Administrative Costs	Resident Days	234,437	3	380,098	380,098	76,812	8
9	19	Professional Services	Resident Days	234,437	3	83,831	47,376	16,941	9
10	20	Dues, Fees & Subscriptions	Resident Days	234,437	3	21,237	47,376	4,292	10
11	21	Clerical & General Office exp.	Resident Days	234,437	3	932,605	816,783	188,465	11
12	23	Training & Education	Resident Days	234,437	3	520	47,376	105	12
13	24	Travel & Seminar	Resident Days	234,437	3	244	47,376	49	13
14	25	Auto Expense	Resident Days	234,437	3	21,710	47,376	4,387	14
15	26	Insurance	Resident Days	234,437	3	1,000	47,376	202	15
16	27	Employee Benefits General & Admin.	Resident Days	234,437	3	277,533	47,376	56,085	16
17	30	Depreciation	Resident Days	234,437	3	22,902	47,376	4,628	17
18	32	Interest	Resident Days	234,437	3		47,376	0	18
19	34	Rent Building	Resident Days	234,437	3	270,965	47,376	54,758	19
20	35	Equipment Rental	Resident Days	234,437	3	36,099	47,376	7,295	20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 2,459,276	\$ 1,490,189	\$ 496,982	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2		3	4	5	6		8	9	10	11						
		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	Alliant Credit Union		X	Mortgage	\$49,649.00	103/16/12	3,000,000	2,904,795	10/01/17	0.5000	149,304	2						
3												3						
4	Alliant Credit Union		X	Amortization of Loan Cost							18,954	4						
5												5						
Working Capital																		
6	West Suburban		X	Working Capital	N/A	05/10/13		806,260	5/10/14	3.7500	9,728	6						
7	Omicare		X	Trades Payable	\$3,030.00	3/19/09	160,395	8,565	3/20/14	0.5000	1,382	7						
8	Shareholders Loan	X		Working Capital			1,107,500	1,107,500		5.0000	9,027	8						
9	TOTAL Facility Related				\$52,679.00		\$ 4,267,895	\$ 4,827,120			\$ 188,395	9						
B. Non-Facility Related*																		
10												10						
11											Offset Interest Income	(1,621)	11					
12											Non-allowable Shareholders Loan	(9,027)	12					
13												13						
14	TOTAL Non-Facility Related						\$	\$			\$ (10,648)	14						
15	TOTALS (line 9+line14)						\$ 4,267,895	\$ 4,827,120			\$ 177,747	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.)

Facility Name & ID Number Meadowbrook Manor LaGrange # 0047274 Report Period Beginning: 01/01/13 Ending: 12/31/13

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1 Name of Lender	2 Related**		3 Purpose of Loan	4 Monthly Payment Required	5 Date of Note	6 Amount of Note		8 Maturity Date	9 Interest Rate (4 Digits)	10 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													6
7													7
8													8
9	TOTAL Facility Related							\$ 0	\$ 0			\$ 0	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			\$ 0	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 2012 report.				\$	320,004	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.)	2012			\$	334,496	2
3. Under or (over) accrual (line 2 minus line 1).				\$	14,492	3
4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	351,000	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.)				\$	6,404	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.				\$	371,896	7
Real Estate Tax History:						
Real Estate Tax Bill for Calendar Year:	2008	304,001	8	FOR BHF USE ONLY		
	2009	333,699	9	13	FROM R. E. TAX STATEMENT FOR 2012 \$	13
	2010	281,204	10	14	PLUS APPEAL COST FROM LINE 5 \$	14
	2011	319,900	11	15	LESS REFUND FROM LINE 6 \$	15
	2012	334,496	12	16	AMOUNT TO USE FOR RATE CALCULATION \$	16
2012 Tax Bill= \$334,496.24						
Estimated increase=1.05						
Total= \$351,221.05						
Use: \$ 351,000						

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.

2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Meadowbrook Manor LaGrange COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0047274

CONTACT PERSON REGARDING THIS REPORT _____

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 2012 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 2012.

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.	<u>18-04-423-001-0000</u>	<u>Nursing Home</u>	\$ <u>334,496.24</u>	\$ <u>334,496.24</u>
2.	_____	_____	\$ _____	\$ _____
3.	_____	_____	\$ _____	\$ _____
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
		TOTALS	\$ <u><u>334,496.24</u></u>	\$ <u><u>334,496.24</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 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 2012 tax bills which were listed in Section A to this statement. Be sure to use the 2012 tax bill which is normally paid during 2013.

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 LaGrange

0047274 Report Period Beginning:

01/01/13 Ending:

12/31/13

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 74,985 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 1

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

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).
none

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

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

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	203	2005	1911	\$ 2,646,175	\$	40	\$ 66,154	\$ 66,154	\$ 562,309	4
5			2009	510,195		40	6,377	6,377	31,885	5
6										6
7										7
8										8
Improvement Type**										
9	Install compressor		2005	1,750	175	10	175		1,488	9
10	Elevator overhaul		2005	4,245	424	10	424		3,604	10
11	Front porch carpeting		2005	2,086	209	10	209		1,777	11
12	Remodel 1st floor - tile & paint		2005	26,770	2,677	10	2,677		22,681	12
13	Refurbish boiler		2005	21,650	2,165	10	2,165		18,403	13
14	Furnish & install boiler feed pump		2005	2,750	275	10	275		2,338	14
15	Furnish & install condensate pump		2005	2,565	256	10	256		2,176	15
16	Furnish & install extrol & relief valve		2005	1,729	173	10	173		1,470	16
17										17
18	Sign		2006	8,725	873	10	873		6,547	18
19	Remodel 1st floor - tile, paint & draperies		2006	37,805	3,781	10	3,781		28,357	19
20	Remodel 1st floor - carpet		2006	6,831	683	10	683		5,123	20
21	Fire Department standpipe connections		2006	1,443	144	10	144		1,080	21
22	Furnish & install new heating coil on MUA unit		2006	5,595	560	10	560		4,200	22
23	Repair MUA		2006	3,300	330	10	330		2,475	23
24	Repair water line/pipe		2006	4,800	480	10	480		3,600	24
25	Dialysis room		2006	57,470	5,746	10	5,746		42,885	25
26	Replace faulty fuses		2006	3,590	359	10	359		2,693	26
27	Install panic exit door devices		2006	8,400	840	10	840		6,300	27
28										28
29	Electrical Repairs		2007	4,590	459	10	459		2,984	29
30	Wiremold, covers, cables & supplies for Satellite TV		2007	15,787	1,579	10	1,579		10,263	30
31	Cable & Phone Lines - Installation & Termination		2007	58,250	5,825	10	5,825		37,863	31
32	Remove, repair & replace tile & wood, repair downspouts		2007	2,569	257	10	257		1,670	32
33	Install 5 new 2 1/2 fire hose valves		2007	4,160	416	10	416		2,704	33
34	Demolition & removal of house and garage - 339 S. Ninth St.		2007	11,225	1,122	10	1,122		7,293	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

Facility Name & ID Number Meadowbrook Manor LaGrange

0047274

Report Period Beginning:

01/01/13

Ending:

12/31/13

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	
	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	\$ 4,147	37
38	Repair parking lot lights (ballasts, cutting asphalt, trenching								38
39	& running new wiring)	2008	4,989	498	10	498		2,741	39
40	Roof Repairs (rear emergency room entrance & front entrance)	2008	3,949	394	10	394		2,169	40
41	Wiring - Therapy room	2008	5,879		10	588	588	3,234	41
42	Chimney Cap & Tuckpointing	2008	11,993	1,199	10	1,199		6,595	42
43	Rebuilt compressor for HVAC unit	2008	19,864	1,959	10	1,986	27	10,923	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	2,585	47
48	- Emergency service for no heat - furnished & installed								48
49	new fluid head & valve body.	2008	3,045		10	305	305	1,677	49
50	- Tile flooring for facility	2008	14,637		10	1,464	1,464	8,052	50
51									51
52	Concrete flooring, electrical, new tub & faucet, drywall,	2009	26,068	2,607	10	2,607		11,733	52
53	studs & reframe door for Laundry Room Remodel								53
54	Repair masonry on top of building	2009	6,241	624	10	624		2,808	54
55	Install outdoor lighting	2009	11,332	1,133	10	1,133		5,099	55
56	replace 2 shower valves & trims	2009	2,755	276	10	276		1,242	56
57	Fill & roll potholes, crack sealing, sealcoating & striping	2009	6,000	1,200	5	1,200		5,400	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	1,665	61
62	-Replace air separator and rework piping for new style	2009	5,350		10	535	535	2,408	62
63	air separator.								63
64	-Air conditioner -repair leaks, add drier cores and refrigerant	2009	5,204		10	520	520	2,340	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		\$ 117,262	\$ 77,564	\$ 888,986	70

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

Facility Name & ID Number Meadowbrook Manor LaGrange

0047274

Report Period Beginning:

01/01/13

Ending:

12/31/13

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	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 3,597,695	\$ 39,698		\$ 117,262	\$ 77,564	\$ 888,986	1
2	Cabinets and countertops for therapy office	2010	6,117	612	10	612		2,142	2
3	Install drywall for new wall, rearrange/repair light fixtures in business office	2010	2,705	270	10	270		945	3
4									4
5	Remove & rebuild rear loading dock	2010	2,650	265	10	265		928	5
6	Transfer & install reception door, 3 sets of 36" cabinets and countertops for dining room	2010	4,974	497	10	497		1,740	6
7									7
8	22 - 4 tier lockers with sloped tops	2010	5,138	514	10	514		1,798	8
9	Lavatory faucets, shut offs & trap, tempered glass for restroom door	2010	3,436	344	10	344		1,204	9
10									10
11	Fill potholes, sealcoating & striping of parking log	2010	5,100	1,020	5	1,020		3,570	11
12	Fill potholes, sealcoating & striping of parking log	2011	2,000	400	5	400		1,000	12
13	Bathroom & Shower Remodel - Plumbing, Tile, ceramic floors, & Painting	2011	95,612	9,561	10	9,561		23,902	13
14									14
15	Corridor Remodel - remove wall paper, paint, handrails, carpet	2011	46,474	4,647	10	4,647		11,618	15
16									16
17	Dinning Room & Kichen - new vinyl floors, paint all walls	2011	36,795	3,680	10	3,680		9,200	17
18	Tile & Trim for Offices replace all the tile & trim	2011	21,653	2,165	10	2,165		5,413	18
19	Install in Fire Doors	2011	3,135	314	10	314		785	19
20									20
21	Elevator repair	2011	4,350	435	10	435		1,087	21
22	Fover Remodeling	2012	26,756	2,676	10	2,676		4,014	22
23	Enclosure of Trash Contains	2012	2,212	221	10	221		332	23
24	Bathroom & Shower Remodel - Plumbing, Tile, ceramic	2012	26,735	2,674	10	2,674		4,011	24
25	Fire System - Check Valve Remodeling	2012	11,946	1,195	10	1,195		1,792	25
26	Chiller Unit on Roof UpGrade Improvements	2012	5,643	564	10	564		846	26
27	Dinning Room Remodelig - Build in Cabinets and Blinds	2012	18,406	1,840	10	1,840		2,760	27
28	Dialysis Room Conversion - ceiling tile, vinyl flooring, electric work, trim work	2012	39,774	3,977	10	3,977		5,966	28
29									29
30	Therapy Room Remodel first floor -glass,drywall,ceiling title prime all walls	2012	10,368	1,037	10	1,037		1,555	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,979,674	\$ 78,606		\$ 156,170	\$ 77,564	\$ 975,594	34

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

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	10
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12B, Carried Forward	\$ 3,979,674	\$ 78,606		\$ 156,170	\$ 77,564	\$ 975,594		1
2	Dialysis Room Conversion - ceiling tile, vinyl flooring,	63,006	3,150	10	3,150		3,150		2
3	electric work, trim work								3
4	Therapy Room Remodel first floor -Counter Tops	2,919	146	10	146		146		4
5	Kitchen Remodel - Paint, Cabinets	6,136	307	10	307		307		5
6	Facility Roof Repairs	6,424	321	10	321		321		6
7	Remodel the Doctors Lounge & Corridor in South Wing	38,577	1,929	10	1,929		1,929		7
8	Residents Room Improvements 120, 125, 127, 129, & 232	11,339	567	10	567		567		8
9	New Exterior Lighting	3,405	170	10	170		170		9
10	Remodel the Juice Bar with Cabinets and Counter tops	2,260	113	10	113		113		10
11	Remodel the Fire Sprinkler Sys in Beauty Shop, Kitchen	1,440	72	10	72		72		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	TOTAL (lines 1 thru 33)	\$ 4,115,180	\$ 85,381		\$ 162,945	\$ 77,564	\$ 982,369		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	\$ 352,456	\$ 35,219	\$ 35,219	\$	5-10	\$ 176,936	71
72	Current Year Purchases	108,237	5,412	5,412		10 yrs	5,412	72
73	Fully Depreciated Assets	27,106				5 yrs	27,106	73
74	Alloc. From Mgmt. Co. & BLDG	591,691		63,797	63,797		502,937	74
75	TOTALS	\$ 1,079,490	\$ 40,631	\$ 104,428	\$ 63,797		\$ 712,391	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	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)	\$ 6,756,078	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 126,012	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 267,373	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 141,361	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,694,760	85

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

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

G. Construction-in-Progress

	Description	Cost	
92	Building Improvements	\$ 693,879	92
93			93
94			94
95		\$ 693,879	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								5
6	Allocated from Management Company				54,758			6
7	TOTAL				\$ 54,758			7

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. _____ /2014 \$ N/A

13. _____ /2015 \$ N/A

14. _____ /2016 \$ N/A

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: \$ 73,365 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	N/A				18
19					19
20					20
21	TOTAL		\$	\$	21

* 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
0047274
12/31/13

Schedule 14 A

Schedule 14A

XII. Rental Costs
Line 16 - Description

Copier	16,597
Medical Equipment	20,624
Mattress & Beds	24,912
Postage Meter	3,937
Management Co.	<u>7,295</u>
Total	<u><u>73,365</u></u>

Facility Name & ID Number Meadowbrook Manor LaGrange # 0047274 Report Period Beginning: 01/01/13 Ending: 12/31/13
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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>It is the policy of this facility to only hire certified nurses aides. If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. 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			Total
		1	2	3	
		Drop-outs	Completed	Contract	
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)		567		567
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$ 567	\$	\$ 567
10	SUM OF line 9, col. 1 and 2 (e)	\$	567		

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 Staff		3		4 Outside Practitioner (other than consultant)		5	6	7	8
			Units of Service	Cost	Units	Cost	Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)			
1	Licensed Occupational Therapist	10A(1,3)	5035 hrs	\$ 201,688		\$	\$	5,035	\$ 201,688	1		
2	Licensed Speech and Language Development Therapist	10A(1,3)	2001 hrs	78,460				2,001	78,460	2		
3	Licensed Recreational Therapist		hrs							3		
4	Licensed Physical Therapist	10A(1,2,3)	7093 hrs	297,127			5,760	7,093	302,887	4		
5	Physician Care		visits							5		
6	Dental Care		visits							6		
7	Work Related Program		hrs							7		
8	Habilitation		hrs							8		
9	Pharmacy	39(2)	# of prescrpts				175,708		175,708	9		
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10		
11	Academic Education		hrs							11		
12	Other (specify): <u>Dialysis Services</u>	39(1,3)	1745	27,545		45,138		1,745	72,683	12		
13	Other (specify): <u>Oxygen</u>	39(2)					25,596		25,596	13		
14	TOTAL			\$ 604,820		\$ 45,138	\$ 207,064	15,874	\$ 857,022	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 LaGrange

0047274

Report Period Beginning: 01/01/13

Ending:

12/31/13

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/13 (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	\$ 8,120	\$ 8,120	1
2	Cash-Patient Deposits	32,803	32,803	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (229,213))	2,341,053	2,341,053	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	269,876	287,460	6
7	Other Prepaid Expenses	2,653	2,653	7
8	Accounts Receivable (owners or related parties)	345,843	345,843	8
9	Other(specify): <u>See Sch17C</u>	2,177	142,875	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,002,525	\$ 3,160,807	10
B. Long-Term Assets				
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	904,119	958,810	15
16	Equipment, at Historical Cost	487,799	1,079,490	16
17	Accumulated Depreciation (book methods)	(571,366)	(1,694,760)	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)	693,879	693,879	22
23	Other(specify): <u>Mortgage Costs</u>	68,220	139,296	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,582,651	\$ 5,894,493	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,585,176	\$ 9,055,300	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 498,568	\$ 498,568	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	25,944	25,944	28
29	Short-Term Notes Payable	806,260	806,260	29
30	Accrued Salaries Payable	288,546	288,546	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)		351,000	32
33	Accrued Interest Payable	790	790	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Sch17C</u>	22,347	22,347	36
37	<u>Due to Related Parties</u>	7,129,237	3,221,935	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 8,771,692	\$ 5,215,390	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	1,116,065	1,116,065	39
40	Mortgage Payable		2,904,795	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,116,065	\$ 4,020,860	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 9,887,757	\$ 9,236,250	46
47	TOTAL EQUITY(page 18, line 24)	\$ (5,302,581)	\$ (180,950)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,585,176	\$ 9,055,300	48

*(See instructions.)

Meadowbrook Manor LaGrange
0047274
12/31/13

Schedule 17C

XV. Balance Sheet

<u>A. Current Assets</u>	<u>Operating</u>	<u>After Consolidation</u>
Line 9 -Other		
Employee Advances	2,177	2,177
Real Estate Tax-Escrow		140,698
	<u>2,177</u>	<u>142,875</u>

<u>C. Current Liabilities</u>	<u>Operating</u>	<u>After Consolidation</u>
Line 36 -Other Current Liabilities		
Accrued-Payroll Taxes	(22,360)	(22,360)
Wage Garnishments	13	13
Credit Union		
Professional Liability Claims		
	<u>(22,347)</u>	<u>(22,347)</u>

<u>C. Current Liabilities</u>	<u>Operating</u>	<u>After Consolidation</u>
Line 37 -Other Current Liabilities		
Due From Shareholder		
Due From Dr. Jafari		
Due From Nick & Dorothy Vangel		

Due From Dorothy Vangel		
Due from Bolingbrook	(1,673,995)	(1,673,995)
Due from Naperville	(1,304,688)	(1,304,688)
Due from BHC Group		
Due from BHC Construction	(9,521)	(9,521)
Accrued Rent	(3,907,302)	-
Resident Credit Balances	(91,073)	(91,073)
N/P State	(95,362)	(95,362)
Due from BHC VIII	(47,296)	(47,296)
	<u>(7,129,237)</u>	<u>(3,221,935)</u>

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (4,465,360)	1
2	Restatements (describe):		2
3	Rounding	1	3
4	Prior Year auditor Adjustments - Prof. & Liab. Insurance	(40,000)	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (4,505,359)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(497,222)	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	(300,000)	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)	\$ (797,222)	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)	\$ (5,302,581)	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	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 8,364,051	1
2	Discounts and Allowances for all Levels	(306,678)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 8,057,373	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,086,276	6
7	Oxygen	42,366	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,128,642	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	1,942	13
14	Non-Patient Meals	2,025	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	168,762	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	4,098	19
20	Radiology and X-Ray	10,730	20
21	Other Medical Services	176,027	21
22	Laundry	16,287	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 379,871	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	48,553	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 48,553	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Miscellaneous and Vending Income	1,702	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,702	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 9,616,141	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,443,282	31
32	Health Care	4,242,346	32
33	General Administration	1,808,993	33
B. Capital Expense			
34	Ownership	1,538,623	34
C. Ancillary Expense			
35	Special Cost Centers	716,162	35
36	Provider Participation Fee	363,957	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,113,363	40
41	Income before Income Taxes (line 30 minus line 40)**	(497,222)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (497,222)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 4,828,552	44
45	Private Pay - Net Inpatient Revenue	1,965,490	45
46	Medicare - Net Inpatient Revenue	1,056,116	46
47	Other-(specify) <u>Private Insurance</u>	176,670	47
48	Other-(specify) <u>Hospice</u>	30,545	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 8,057,373	49

* 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.

*** 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.

^Entity is a cash basis tax payer.

Facility Name & ID Number Meadowbrook Manor LaGrange

0047274

Report Period Beginning:

01/01/13

Ending:

12/31/13

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,020	2,336	\$ 94,522	\$ 40.46	1
2	Assistant Director of Nursing	1,994	2,124	68,683	32.34	2
3	Registered Nurses	21,612	22,842	642,382	28.12	3
4	Licensed Practical Nurses	31,475	33,756	914,133	27.08	4
5	CNAs & Orderlies	78,533	81,325	996,225	12.25	5
6	CNA Trainees	60	62	567	9.15	6
7	Licensed Therapist	12,688	14,129	577,275	40.86	7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	13,072	14,065	140,909	10.02	10
11	Social Service Workers	3,669	4,105	74,318	18.10	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	24,143	25,445	295,597	11.62	15
16	Dishwashers					16
17	Maintenance Workers	6,559	7,104	109,138	15.36	17
18	Housekeepers	23,285	24,976	227,451	9.11	18
19	Laundry	7,506	8,407	72,622	8.64	19
20	Administrator	2,072	2,324	83,912	36.11	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	12,144	13,046	219,820	16.85	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,000	2,136	28,365	13.28	31
32	Other Health Care(specify)	13,796	14,763	314,238	21.29	32
33	Other(specify) <u>Dialysis</u>	1,746	1,746	27,545	15.78	33
34	TOTAL (lines 1 - 33)	258,374	274,691	\$ 4,887,702 *	\$ 17.79	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	297	\$ 12,898	1(3)	35
36	Medical Director	Monthly	18,500	9(3)	36
37	Medical Records Consultant	Monthly	4,608	10(3)	37
38	Nurse Consultant	314	12,560	10(3)	38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	43	1,720	10A(3)	42
43	Speech Therapy Consultant				43
44	Activity Consultant	32	1,651	11(3)	44
45	Social Service Consultant	21	1,251	12(3)	45
46	Other(specify) <u>Quality Assurance</u>	Monthly	10,422	10(3)	46
47	<u>Wound Care Director</u>	Monthly	5,750	10(3)	47
48					48
49	TOTAL (lines 35 - 48)	707	\$ 69,360		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

Meadowbrook Manor LaGrange
0047274
12/31/13

Schedule 20 A

XXVIII. A. Staffing and Salary costs

Name	Number of Hrs Worked	Number Hrs Paid	Tot Sal & Wages	Ave. Hourly
Ward Clerks	-	-	-	
Central Supply	2,016	2,190	36,403	16.62
Nursing Administration	3,661	3,880	129,178	33.29
Rehabilitation Nurse	3,775	3,906	85,357	21.85
Rehabilitation Aides	4,344	4,787	63,300	13.22
Total	<u>13,796</u>	<u>14,763</u>	<u>314,238</u>	<u>21.29</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	
David Shires	Administrator	0	\$ 24,980	Workers' Compensation Insurance	\$ 206,051	IDPH License Fee	\$	
Kathleen Sefcik	Administrator	0	32,200	Unemployment Compensation Insurance	95,714	Advertising: Employee Recruitment	0	
Kathleen Hansen	Administrator	0	26,732	FICA Taxes	367,150	Health Care Worker Background Check	728	
				Employee Health Insurance	196,472	(Indicate # of checks performed 22)		
				Employee Meals		Patient Background Checks	150	
				Illinois Municipal Retirement Fund (IMRF)*		Illinois Council Long Term Care	20,685	
				Employee Retirement	17,094	Less COPE Fee	(6,826)	
				Employee Lab Test	953	Misc. Dues & Subscriptions	9,547	
				Uniform Allowance	(1,570)	Misc. Licenses	2,666	
				Other Employee Benefits	3,574	Alloc. Mgmt. Co.	5,765	
				Medical Reimbursement	10,336	Less: Public Relations Expense	()	
				Employee Picnics	2,500	Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				TOTAL (agree to Schedule V, line 22, col.8)			TOTAL (agree to Sch. V, line 20, col. 8)	
\$ 83,912				\$ 898,274			\$ 34,065	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
Management Fees (eliminated on Sch V, col. 7)			\$ 200,000	N/A		\$	Out-of-State Travel	\$
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			TOTAL (agree to Sch. V, line 24, col. 8)	
\$ 200,000				\$			\$ 862	
C. Professional Services								
Vendor/Payee	Type		Amount					
Rehab Management Systems	Billing Services		\$ 40,800				In-State Travel	
ADP Inc.	Payroll Services		13,373					
Innovative LTC Solutions	Profesional Services		8,106					
Unemployment Consultants	Unemployment Consultant		1,260					
Cardiac Diagnostics, Inc.	Profesional Services		72					
West Suburban Bank	Profesional Services		6,260					
The Joint Commission	Profesional Services		4,285					
Pharmacy Rice Management	Profesional Services		1,373				Seminar Expense	813
Intrepid Consulting Services	Profesional Services		1,200					
McGladrey, LLP	Accounting		7,007					
Ronald L Cournaya	Accounting		5,000				Allocated from Mgmt. Co.	49
See Schedule 21A			50,509				Entertainment Expense	()
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)								
\$ 139,245								

* Attach copy of IMRF notifications

**See instructions.

Butterfield Health Care VII, LLC
Meadowbrook Manor LaGrange
Provider #: 0047274
01/01/13 to 12/31/13

Schedule 21A

XIX. SUPPORT SCHEDULE

C. Professional Services

Polsinelli Shughart PC	Legal	31,268
Johnson & Bell LTD	Legal	12,063
Morgan Lewis & Bockius LLP	Legal	3,899
Generation Law	Legal	2,937
Hamilton Thies Lorch & Hagnell	Legal	342
Total for Schedule 21A		<u>50,509</u>
Total (agree to Schedule V, line 19, column 3)		139,245
Allocation from Butterfield Health Care Group Professional Services		16,941
Allocation From MML Properties Accounting Fees		7,000
Allocation From MML Properties Legal Fees		970
Less: Disallowed legal fees - Collections		0
Less: Disallowed legal fees - Non Patient Care		0
Out of period legal		(6,959)
Total (agree to Schedule V, line 19, column 8)		<u>157,197</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 LaGrange

0047274

Report Period Beginning: 01/01/13

Ending: 12/31/13

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- \$ 20,685
- (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? No
- (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? 9.29 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 53,418 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.
-
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 363,957
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. \$ (2,025)
- (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? N/A 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	Adjusted Adjustments	Adjusted Total
1. Dietary	295,597	36,023	12,898	344,518	0	344,518	-30	344,488
2. Food Purchase	0	282,778	0	282,778	0	282,778	-200	282,578
3. Housekeeping	227,451	48,844	0	276,295	0	276,295	314	276,609
4. Laundry	72,622	21,999	0	94,621	0	94,621	0	94,621
5. Heat and Other Utilities	0	0	176,976	176,976	0	176,976	1,970	178,946
6. Maintenance	109,138	13,700	145,256	268,094	0	268,094	39,523	307,617
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	704,808	403,344	335,130	1,443,282	0	1,443,282	41,577	1,484,859
9. Medical Director	0	0	18,500	18,500	0	18,500	14,954	33,454
10. Nursing & Medical Records	3,058,548	319,241	33,340	3,411,129	0	3,411,129	10,198	3,421,327
10a. Therapy	577,275	5,760	1,720	584,755	0	584,755	0	584,755
11. Activities	140,909	8,545	1,651	151,105	0	151,105	0	151,105
12. Social Services	74,318	0	1,972	76,290	0	76,290	14,179	90,469
13. Nurse Aide Training	567	0	0	567	0	567	0	567
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	3,851,617	333,546	57,183	4,242,346	0	4,242,346	39,331	4,281,677
17. Administrative	83,912	0	200,000	283,912	0	283,912	-123,188	160,724
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	139,245	139,245	0	139,245	17,952	157,197
20. Fees, Subscriptions & Promotion	0	0	35,126	35,126	0	35,126	-1,061	34,065
21. Clerical & General Office	219,820	31,678	49,748	301,246	0	301,246	187,138	488,384
22. Employee Benefits & Payroll	0	0	898,274	898,274	0	898,274	0	898,274
23. Inservice Training & Education	0	0	3,016	3,016	0	3,016	105	3,121
24. Travel and Seminar	0	0	813	813	0	813	49	862
25. Other Admin. Staff Trans	0	0	3,487	3,487	0	3,487	4,387	7,874
26. Insurance-Prop.Liab.Malpractice	0	0	143,874	143,874	0	143,874	14,436	158,310
27. Other (specify)*	0	0	0	0	0	0	56,085	56,085
28. Total General Adminis	303,732	31,678	1,473,583	1,808,993	0	1,808,993	155,903	1,964,896
29. Total General Administrative	4,860,157	768,568	1,865,896	7,494,621	0	7,494,621	236,811	7,731,432
30. Depreciation	0	0	126,012	126,012	0	126,012	141,361	267,373
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	20,137	20,137	0	20,137	157,610	177,747
33. Real Estate	0	0	6,404	6,404	0	6,404	365,492	371,896

34. Rent - Facility & Grounds	0	0	1,320,000	1,320,000	0	1,320,000	-1,265,242	54,758
35. Rent - Equipment & Vehicles	0	0	66,070	66,070	0	66,070	7,295	73,365
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	1,538,623	1,538,623	0	1,538,623	-593,484	945,139
38. Medically Necessary T	0	0	21,846	21,846	0	21,846	0	21,846
39. Ancillary Service Cent	27,545	201,304	45,138	273,987	0	273,987	0	273,987
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	0	0	363,957	363,957	0	363,957	0	363,957
43. Other (specify):*	0	0	420,329	420,329	0	420,329	-420,329	0
44. Total Special Cost Ce	27,545	201,304	851,270	1,080,119	0	1,080,119	-420,329	659,790
45. Grand Total	4,887,702	969,872	4,255,789	10,113,363	0	10,113,363	-777,002	9,336,361

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	8,120	8,120
2. Cash - Patient Deposits	32,803	32,803
3. Accounts & Notes Receivable	2,341,053	2,341,053
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	269,876	287,460
7. Other Prepaid Expenses	2,653	2,653
8. Accounts Receivable-Owner/Related Party	345,843	345,843
9. Other (specify):	2,177	142,875
10. Total current assets	3,002,525	3,160,807
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	0	1,561,408
14. Buildings, at Historical Cost	0	3,156,370
15. Leasehold Improvements, Historical Cost	904,119	958,810
16. Equipment, at Historical Cost	487,799	1,079,490
17. Accumulated Depreciation (book methods)	-571,366	-1,694,760
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):	693,879	693,879
23. other (specify):	68,220	139,296
24. Total Long-Term Assets	1,582,651	5,894,493
25. Total Assets	4,585,176	9,055,300
CURRENT LIABILITIES		
26. Accounts Payable	498,568	498,568
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	25,944	25,944
29. Short-Term Notes Payable	806,260	806,260
30. Accrued Salaries Payable	288,546	288,546
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	0	351,000
33. Accrued Interest Payable	790	790
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	22,347	22,347

37. Other Current Liabilities (specify):	7,129,237	3,221,935
38. Total Current Liabilities	8,771,692	5,215,390
LONG TERM LIABILITES		
39. Long-Term Notes Payable	1,116,065	1,116,065
40. Mortgage Payable	0	2,904,795
41. Bonds Payable	0	0
42. Deferred Compensation	0	0
43. Other Long-Term Liabilities (specify):	0	0
44. Other Long-Term Liabilities (specify):	0	0
45. Total Long-Term Liabilities	1,116,065	4,020,860
46. Total Liabilities	9,887,757	9,236,250
47. Total Equity	-5,302,581	-180,950
48. Total Liabilities and Equity	4,585,176	9,055,300

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	8,364,051
2. Discounts and Allowances for all Levels	-306,678
Subtotal - Inpatient Care	8,057,373
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	1,086,276
7. Oxygen	42,366
Subtotal - Anciliary Revenue	1,128,642
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	1,942
14. Non-Patient Meals	2,025
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	168,762
18. Sale of Supplies to Non-Patients	0
19. Laboratory	4,098
20. Radiology and X-Ray	10,730
21. Other Medical Services	176,027
22. Laundry	16,287
Subtotal - Other Operating Revenue	379,871
24. Contributions	0
25. Interest and Other Investments Income	48,553
Subtotal - Non-Operating Revenue	48,553
27. Other Revenue (specify):	1,702
28. Other Revenue (specify):	0
Subtotal - Other Revenue	1,702
30. Total Revenue	9,616,141
31. General Services	1,443,282
32. Health Care	4,242,346
33. General Administration	1,808,993
34. Ownership	1,538,623

35. Special Cost Centers	716,162
35. Provider Participation Fee	363,957
37. Other	0
40. Total Expenses	10,113,363
41. Income Before Income Taxes	-497,222
42. Income Taxes	0
43. Net Income or Loss for the Year	-497,222