

Facility Name & ID Number Meadowbrook Manor LaGrange

0047274 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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 _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	94	Skilled (SNF)	94	34,310	1
2		Skilled Pediatric (SNF/PED)			2
3	103	Intermediate (ICF)	103	37,595	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	197	TOTALS	197	71,905	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	14,207	3,874	4,228	22,309	8
9	SNF/PED					9
10	ICF	21,183	5,069	215	26,467	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	35,390	8,943	4,443	48,776	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 67.83%

D. How many bed-hold days during this year were paid by the Department?

None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census?

Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES NO

I. On what date did you start providing long term care at this location?

Date started 08/25/05

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

YES Date 08/25/05 NO

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

YES NO If YES, enter number of beds certified 94 and days of care provided 3,591

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: 12/31/2014 Fiscal Year: 12/31/2014

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

Facility Name & ID Number

Meadowbrook Manor LaGrange

0047274

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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	316,963	36,993	13,660	367,616		367,616		367,616		1
2	Food Purchase		305,846		305,846		305,846	280	306,126		2
3	Housekeeping	228,343	57,408		285,751		285,751		285,751		3
4	Laundry	76,416	15,841		92,257		92,257		92,257		4
5	Heat and Other Utilities			218,678	218,678		218,678	2,078	220,756		5
6	Maintenance	113,489	32,063	168,698	314,250		314,250	25,181	339,431		6
7	Other (specify):*										7
8	TOTAL General Services	735,211	448,151	401,036	1,584,398		1,584,398	27,539	1,611,937		8
	B. Health Care and Programs										
9	Medical Director			37,500	37,500		37,500	15,455	52,955		9
10	Nursing and Medical Records	3,334,899	345,907	37,356	3,718,162		3,718,162	10,910	3,729,072		10
10a	Therapy	511,346	7,019	6,788	525,153		525,153		525,153		10a
11	Activities	144,048	10,389	2,496	156,933		156,933		156,933		11
12	Social Services	68,491		884	69,375		69,375	14,984	84,359		12
13	CNA Training	748			748		748		748		13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	4,059,532	363,315	85,024	4,507,871		4,507,871	41,349	4,549,220		16
	C. General Administration										
17	Administrative	58,322		604,042	662,364		662,364	(522,783)	139,581		17
18	Directors Fees										18
19	Professional Services			108,165	108,165		108,165	22,266	130,431		19
20	Dues, Fees, Subscriptions & Promotions			39,209	39,209		39,209	(8,962)	30,247		20
21	Clerical & General Office Expenses	209,180	30,374	60,838	300,392		300,392	190,812	491,204		21
22	Employee Benefits & Payroll Taxes			848,050	848,050		848,050		848,050		22
23	Inservice Training & Education			532	532		532	125	657		23
24	Travel and Seminar			1,458	1,458		1,458	866	2,324		24
25	Other Admin. Staff Transportation			5,043	5,043		5,043	1,609	6,652		25
26	Insurance-Prop.Liab.Malpractice			204,804	204,804		204,804	20,703	225,507		26
27	Other (specify):*							55,146	55,146		27
28	TOTAL General Administration	267,502	30,374	1,872,141	2,170,017		2,170,017	(240,218)	1,929,799		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,062,245	841,840	2,358,201	8,262,286		8,262,286	(171,330)	8,090,956		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.

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			148,090	148,090		148,090	144,142	292,232			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			24,516	24,516		24,516	125,748	150,264			32
33	Real Estate Taxes							311,130	311,130			33
34	Rent-Facility & Grounds			1,320,000	1,320,000		1,320,000	(1,262,174)	57,826			34
35	Rent-Equipment & Vehicles			66,160	66,160		66,160	9,263	75,423			35
36	Other (specify):*											36
37	TOTAL Ownership			1,558,766	1,558,766		1,558,766	(671,891)	886,875			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation			15,716	15,716		15,716		15,716			38
39	Ancillary Service Centers		177,927	39,852	217,779		217,779		217,779			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			379,254	379,254		379,254		379,254			42
43	Other (specify):* Non-Allowable Co			320,775	320,775		320,775	(320,775)				43
44	TOTAL Special Cost Centers		177,927	755,597	933,524		933,524	(320,775)	612,749			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,062,245	1,019,767	4,672,564	10,754,576		10,754,576	(1,163,996)	9,590,580			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: 01/01/2014

Ending: 12/31/2014

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(1,387)	2		4
5	Telephone, TV & Radio in Resident Rooms				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	(37,929)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,840)	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	(1,430)	43		18
19	Entertainment				19
20	Contributions	(980)	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	(273,320)	43		24
25	Fund Raising, Advertising and Promotional				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 See Sch 5A	(65,475)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (370,951)		\$	30

BHF USE ONLY					
48		49		50	51
					52

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)	(793,045)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (793,045)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (1,163,996)		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 LaGrange

ID# 0047274

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
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

12/31/2014

Schedule 5A

Schedule 5A

VI. ADJUSTMENT DETAIL

NON-ALLOWABLE EXPENSES

LINE 29 - Other

Description	Amount	Schedule V Reference
To disallow Chamber Dues	(500)	20
To disallow Consolidated Billing Services	(4,781)	43
To disallow Marketing Expenses	(8,654)	43
To disallow X-Ray expense	(9,368)	43
To disallow Lab expense	(4,340)	43
To disallow Employee Gifts	(6,852)	43
To disallow Resident Gifts	(218)	43
To disallow Physicians - Gifts	0	43
To disallow Sponsorships	(2,800)	43
To disallow Cable Television	(6,192)	43
To Offset Miscellaneous	(2,570)	21
To disallow Collection Fees	(7,085)	19
To disallow COPE Fee	(12,115)	20
Total	(65,475)	

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Meadowbrook Manor LaGrange

0047274

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(1,387)	1,667	0	0	0	0	0	0	0	0	0	280	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	2,078	0	0	0	0	0	0	0	0	0	2,078	5
6	Maintenance	0	25,181	0	0	0	0	0	0	0	0	0	25,181	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(1,387)	28,926	0	0	0	0	0	0	0	0	0	27,539	8
	B. Health Care and Programs													
9	Medical Director	0	15,455	0	0	0	0	0	0	0	0	0	15,455	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	10,910	0	0	0	0	0	0	0	0	0	10,910	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	14,984	0	0	0	0	0	0	0	0	0	14,984	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	41,349	0	0	0	0	0	0	0	0	0	41,349	16
	C. General Administration													
17	Administrative	0	(522,783)	0	0	0	0	0	0	0	0	0	(522,783)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	19,273	0	10,078	0	0	0	0	0	0	0	29,351	19
20	Fees, Subscriptions & Promotions	0	3,653	0	0	0	0	0	0	0	0	0	3,653	20
21	Clerical & General Office Expenses	0	193,282	0	100	0	0	0	0	0	0	0	193,382	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	125	0	0	0	0	0	0	0	0	0	125	23
24	Travel and Seminar	0	866	0	0	0	0	0	0	0	0	0	866	24
25	Other Admin. Staff Transportation	0	0	1,609	0	0	0	0	0	0	0	0	1,609	25
26	Insurance-Prop.Liab.Malpractice	0	0	785	19,918	0	0	0	0	0	0	0	20,703	26
27	Other (specify):*	0	0	55,146	0	0	0	0	0	0	0	0	55,146	27
28	TOTAL General Administration	0	(305,584)	57,540	30,096	0	(217,948)	28						
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(1,387)	(235,309)	57,540	30,096	0	(149,060)	29						

STATE OF ILLINOIS

Facility Name & ID Number Meadowbrook Manor LaGrange

0047274

Report Period Beginning:

01/01/2014 Ending:

Summary B

12/31/2014

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	11,410	0	5,024	127,708	0	0	0	0	0	0	0	144,142	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(37,929)	0	0	163,677	0	0	0	0	0	0	0	125,748	32
33	Real Estate Taxes	0	0	0	311,130	0	0	0	0	0	0	0	311,130	33
34	Rent-Facility & Grounds	0	0	57,826	(1,320,000)	0	0	0	0	0	0	0	(1,262,174)	34
35	Rent-Equipment & Vehicles	0	0	9,263	0	0	0	0	0	0	0	0	9,263	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(26,519)	0	72,113	(717,485)	0	(671,891)	37						
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(277,570)	0	0	0	0	0	0	0	0	0	0	(277,570)	43
44	TOTAL Special Cost Centers	(277,570)	0	0	0	0	0	0	0	0	0	0	(277,570)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(305,476)	(235,309)	129,653	(687,389)	0	(1,098,521)	45						

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

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

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

1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	2 Food	\$	Butterfield Health Care Group, Inc.	100.00%	\$ 1,667	\$ 1,667	1
2	V	3 Housekeeping		Butterfield Health Care Group, Inc.	100.00%			2
3	V	5 Utilities		Butterfield Health Care Group, Inc.	100.00%	2,078	2,078	3
4	V	6 Repairs & Maintenance		Butterfield Health Care Group, Inc.	100.00%	25,181	25,181	4
5	V	9 Medical Director		Butterfield Health Care Group, Inc.	100.00%	15,455	15,455	5
6	V	11 Nursing		Butterfield Health Care Group, Inc.	100.00%	10,910	10,910	6
7	V	13 Social Services		Butterfield Health Care Group, Inc.	100.00%	14,984	14,984	7
8	V	17 Administrative Costs	604,042	Butterfield Health Care Group, Inc.	100.00%	81,259	(522,783)	8
9	V	19 Professional Services		Butterfield Health Care Group, Inc.	100.00%	19,273	19,273	9
10	V	20 Dues, Fees & Subscriptions		Butterfield Health Care Group, Inc.	100.00%	3,653	3,653	10
11	V	21 Clerical & General Office exp.		Butterfield Health Care Group, Inc.	100.00%	193,282	193,282	11
12	V	23 Training & Education		Butterfield Health Care Group, Inc.	100.00%	125	125	12
13	V	24 Travel & Seminar		Butterfield Health Care Group, Inc.	100.00%	866	866	13
14	Total		\$ 604,042			\$ 368,733	\$ * (235,309)	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 Auto Expense	\$	Butterfield Health Care Group, Inc.	100.00%	\$ 1,609	\$ 1,609
16	V	26 Insurance		Butterfield Health Care Group, Inc.	100.00%	785	785
17	V	27 Employee Benefits General & Admin.		Butterfield Health Care Group, Inc.	100.00%	55,146	55,146
18	V	30 Depreciation		Butterfield Health Care Group, Inc.	100.00%	5,024	5,024
19	V	32 Interest		Butterfield Health Care Group, Inc.	100.00%		
20	V	34 Rent Building		Butterfield Health Care Group, Inc.	100.00%	57,826	57,826
21	V	35 Equipment Rental		Butterfield Health Care Group, Inc.	100.00%	9,263	9,263
22	V						
23	V						
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		\$			\$ 129,653	\$ * 129,653

* 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%	\$ 10,078	\$ 10,078
16	V	20 Fees & Subscriptions		MML Properties, LLC	100.00%		
17	V	21 Clerical & General Office		MML Properties, LLC	100.00%	100	100
18	V	26 Insurance-Prop., Liab., Malpr.		MML Properties, LLC	100.00%	19,918	19,918
19	V	30 Depreciation		MML Properties, LLC	100.00%	127,708	127,708
20	V	32 Interest Expense		MML Properties, LLC	100.00%	144,723	144,723
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%	294,443	294,443
23	V	33 Real Estate Taxes		MML Properties, LLC	100.00%	16,687	16,687
24	V	34 Rent	1,320,000	MML Properties, LLC	100.00%		(1,320,000)
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			\$ 632,611	\$ * (687,389)

* 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
12/31/2014

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: 01/01/2014 Ending: 12/31/2014

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	127,478	8	20.00	Mgt Salaries	\$ 20,917	17(7)	1
2	Nicholas Vangel	Operating Supvsr.	Administrative	12.50	91,209	2	5.00	Mgt Salaries	10,773	17(7)	2
3	Robert Jafari	Operating Supvsr.	Administrative	25.00	175,035	2	5.00	Mgt Salaries	46,206	17(7)	3
4	Kathy Hocuk	Empl Benefits Admin	Administrative	5.00	62,743	2	5.00	Mgt Salaries	3,363	17(7)	4
5	Kianoosh Jafari	Medical Director	Administrative	25.00	58,545	10	25.00	Medical Director	15,455	9(7)	5
6	Dorothy Vangel	Operating Supvsr.	Administrative	12.50	50,400	0	0.00	N/A		N/A	6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 96,714		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:

01/01/2014

Ending: 2/31/2014

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	233,547	3	\$ 7,984	\$ 48,776	\$ 1,667	1	
2	3	Housekeeping	Resident Days	233,547	3		48,776	0	2	
3	5	Utilities	Resident Days	233,547	3	9,952	48,776	2,078	3	
4	6	Repairs & Maintenance	Resident Days	233,547	3	120,569	101,987	48,776	25,181	4
5	9	Medical Director	Resident Days	233,547	3	74,000	48,776	15,455	5	
6	11	Nursing	Resident Days	233,547	3	52,240	52,240	48,776	10,910	6
7	13	Social Services	Resident Days	233,547	3	71,745	71,745	48,776	14,984	7
8	17	Administrative Costs	Resident Days	233,547	3	389,081	389,081	48,776	81,259	8
9	19	Professional Services	Resident Days	233,547	3	92,282	48,776	19,273	9	
10	20	Dues, Fees & Subscriptions	Resident Days	233,547	3	17,491	48,776	3,653	10	
11	21	Clerical & General Office exp.	Resident Days	233,547	3	925,465	829,687	48,776	193,282	11
12	23	Training & Education	Resident Days	233,547	3	600	48,776	125	12	
13	24	Travel & Seminar	Resident Days	233,547	3	4,146	48,776	866	13	
14	25	Auto Expense	Resident Days	233,547	3	7,704	48,776	1,609	14	
15	26	Insurance	Resident Days	233,547	3	3,759	48,776	785	15	
16	27	Employee Benefits General & Admin.	Resident Days	233,547	3	264,046	48,776	55,146	16	
17	30	Depreciation	Resident Days	233,547	3	24,054	48,776	5,024	17	
18	32	Interest	Resident Days	233,547	3		48,776	0	18	
19	34	Rent Building	Resident Days	233,547	3	276,880	48,776	57,826	19	
20	35	Equipment Rental	Resident Days	233,547	3	44,355	48,776	9,263	20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS				\$ 2,386,353	\$ 1,444,740	\$ 498,386		25	

Facility Name & ID Number

Meadowbrook Manor LaGrange

0047274

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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						
		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	2,812,328	10/1/17	0.5000	144,723						
3											3						
4	Alliant Credit Union		X	Amortization of Loan Cost							18,954						
5											5						
Working Capital																	
6	West Suburban		X	Working Capital	N/A	05/10/13		847,007	5/10/14	3.7500	24,392						
7	Omnicare		X	Trades Payable	\$3,030.00	3/19/09	160,395		3/20/14	0.5000	124						
8	Shareholders Loan	X		Working Capital			1,107,500	1,107,500		5.0000							
9	TOTAL Facility Related				\$52,679.00		\$ 4,267,895	\$ 4,766,835			\$ 188,193						
B. Non-Facility Related*																	
10											10						
11											Offset Interest Income (37,929)						
12											Non-allowable Shareholders Loan						
13											13						
14	TOTAL Non-Facility Related						\$	\$			\$ (37,929)						
15	TOTALS (line 9+line14)						\$ 4,267,895	\$ 4,766,835			\$ 150,264						

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: 01/01/2014 Ending: 12/31/2014

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											0	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 2013 report.		\$	<u>351,000</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.)		\$	<u>343,972</u>		2														
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>(7,028)</u>		3														
4. Real Estate Tax accrual used for 2014 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>361,000</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.)		\$	<u>16,687</u>		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 \$ <u>59,529</u> For <u>08-09</u> Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$	<u>(59,529)</u>		6														
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<u>311,130</u>		7														
Real Estate Tax History:																			
Real Estate Tax Bill for Calendar Year:	2009	<u>333,699</u>	8	<table border="1" style="width: 100%;"> <tr> <td colspan="2" style="text-align: center;">FOR BHF USE ONLY</td> </tr> <tr> <td style="text-align: center;">13</td> <td>FROM R. E. TAX STATEMENT FOR 2013 \$</td> <td style="text-align: center;">13</td> </tr> <tr> <td style="text-align: center;">14</td> <td>PLUS APPEAL COST FROM LINE 5 \$</td> <td style="text-align: center;">14</td> </tr> <tr> <td style="text-align: center;">15</td> <td>LESS REFUND FROM LINE 6 \$</td> <td style="text-align: center;">15</td> </tr> <tr> <td style="text-align: center;">16</td> <td>AMOUNT TO USE FOR RATE CALCULATION \$</td> <td style="text-align: center;">16</td> </tr> </table>		FOR BHF USE ONLY		13	FROM R. E. TAX STATEMENT FOR 2013 \$	13	14	PLUS APPEAL COST FROM LINE 5 \$	14	15	LESS REFUND FROM LINE 6 \$	15	16	AMOUNT TO USE FOR RATE CALCULATION \$	16
FOR BHF USE ONLY																			
13	FROM R. E. TAX STATEMENT FOR 2013 \$	13																	
14	PLUS APPEAL COST FROM LINE 5 \$	14																	
15	LESS REFUND FROM LINE 6 \$	15																	
16	AMOUNT TO USE FOR RATE CALCULATION \$	16																	
	2010	<u>281,204</u>	9																
	2011	<u>319,900</u>	10																
	2012	<u>334,496</u>	11																
	2013	<u>343,972</u>	12																
<u>2013 Tax Bill= 343,972.29</u>																			
<u>Estimated increase=1.05</u>																			
<u>Total= \$361,170.90</u>																			
<u>Use: \$ 361,000</u>																			

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.

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 2013 tax bills which were listed in Section A to this statement. Be sure to use the 2013 tax bill which is normally paid during 2014.

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:

01/01/2014 Ending:

12/31/2014

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: _____
 (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	\$ 628,463	4
5			2009	510,195		40	6,377	6,377	38,262	5
6										6
7										7
8										8
Improvement Type**										
9	Install compressor		2005	1,750	175	10	175		1,662	9
10	Elevator overhaul		2005	4,245	424	10	424		4,028	10
11	Front porch carpeting		2005	2,086	209	10	209		1,986	11
12	Remodel 1st floor - tile & paint		2005	26,770	2,677	10	2,677		25,358	12
13	Refurbish boiler		2005	21,650	2,165	10	2,165		20,568	13
14	Furnish & install boiler feed pump		2005	2,750	275	10	275		2,613	14
15	Furnish & install condensate pump		2005	2,565	256	10	256		2,432	15
16	Furnish & install extrol & relief valve		2005	1,729	173	10	173		1,643	16
17										17
18	Sign		2006	8,725	873	10	873		7,420	18
19	Remodel 1st floor - tile, paint & draperies		2006	37,805	3,781	10	3,781		32,138	19
20	Remodel 1st floor - carpet		2006	6,831	683	10	683		5,806	20
21	Fire Department standpipe connections		2006	1,443	144	10	144		1,224	21
22	Furnish & install new heating coil on MUA unit		2006	5,595	560	10	560		4,760	22
23	Repair MUA		2006	3,300	330	10	330		2,805	23
24	Repair water line/pipe		2006	4,800	480	10	480		4,080	24
25	Dialysis room		2006	57,470	5,746	10	5,746		48,631	25
26	Replace faulty fuses		2006	3,590	359	10	359		3,052	26
27	Install panic exit door devices		2006	8,400	840	10	840		7,140	27
28										28
29	Electrical Repairs		2007	4,590	459	10	459		3,443	29
30	Wiremold, covers, cables & supplies for Satellite TV		2007	15,787	1,579	10	1,579		11,842	30
31	Cable & Phone Lines - Installation & Termination		2007	58,250	5,825	10	5,825		43,688	31
32	Remove, repair & replace tile & wood, repair downspouts		2007	2,569	257	10	257		1,927	32
33	Install 5 new 2 1/2 fire hose valves		2007	4,160	416	10	416		3,120	33
34	Demolition & removal of house and garage - 339 S. Ninth St.		2007	11,225	1,122	10	1,122		8,415	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:

01/01/2014

Ending:

12/31/2014

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	
37	New doors, hardware, laminating & refinishing for Dementia	2008	\$ 7,540	\$	10	\$ 754	\$ 754	\$ 4,901	37
38	Repair parking lot lights (ballasts, cutting asphalt, trenching								38
39	& running new wiring)	2008	4,989	498	10	498		3,239	39
40	Roof Repairs (rear emergency room entrance & front entrance)	2008	3,949	394	10	394		2,563	40
41	Wiring - Therapy room	2008	5,879		10	588	588	3,822	41
42	Chimney Cap & Tuckpointing	2008	11,993	1,199	10	1,199		7,794	42
43	Rebuilt compressor for HVAC unit	2008	19,864	1,959	10	1,986	27	12,909	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	3,055	47
48	- Emergency service for no heat - furnished & installed								48
49	new fluid head & valve body.	2008	3,045		10	305	305	1,982	49
50	- Tile flooring for facility	2008	14,637		10	1,464	1,464	9,516	50
51									51
52	Concrete flooring, electrical, new tub & faucet, drywall,	2009	26,068	2,607	10	2,607		14,340	52
53	studs & reframe door for Laundry Room Remodel								53
54	Repair masonry on top of building	2009	6,241	624	10	624		3,432	54
55	Install outdoor lighting	2009	11,332	1,133	10	1,133		6,232	55
56	replace 2 shower valves & trims	2009	2,755	276	10	276		1,518	56
57	Fill & roll potholes, crack sealing, sealcoating & striping	2009	6,000	600	5	600		6,000	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	2,035	61
62	-Replace air separator and rework piping for new style	2009	5,350		10	535	535	2,943	62
63	air separator.								63
64	-Air conditioner -repair leaks, add drier cores and refrigerant	2009	5,204		10	520	520	2,860	64
65	replace belt and pulley								65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 3,597,695	\$ 39,098		\$ 116,662	\$ 77,564	\$ 1,005,647	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:

01/01/2014

Ending:

12/31/2014

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	\$ 39,098		\$ 116,662	\$ 77,564	\$ 1,005,647	1
2	Cabinets and countertops for therapy office	2010	6,117	612	10	612		2,754	2
3	Install drywall for new wall, rearrange/repair light fixtures in business office	2010	2,705	270	10	270		1,215	3
4									4
5	Remove & rebuild rear loading dock	2010	2,650	265	10	265		1,193	5
6	Transfer & install reception door, 3 sets of 36" cabinets and countertops for dining room	2010	4,974	497	10	497		2,237	6
7									7
8	22 - 4 tier lockers with sloped tops	2010	5,138	514	10	514		2,312	8
9	Lavatory faucets, shut offs & trap, tempered glass for restroom door	2010	3,436	344	10	344		1,548	9
10									10
11	Fill potholes, sealcoating & striping of parking log	2010	5,100	1,020	5	1,020		4,590	11
12	Fill potholes, sealcoating & striping of parking log	2011	2,000	400	5	400		1,400	12
13	Bathroom & Shower Remodel - Plumbing, Tile, ceramic floors, & Painting	2011	95,612	9,561	10	9,561		33,463	13
14									14
15	Corridor Remodel - remove wall paper, paint, handrails, carpet	2011	46,474	4,647	10	4,647		16,265	15
16									16
17	Dinning Room & Kichen - new vinyl floors, paint all walls	2011	36,795	3,680	10	3,680		12,880	17
18	Tile & Trim for Offices replace all the tile & trim	2011	21,653	2,165	10	2,165		7,578	18
19	Install in Fire Doors	2011	3,135	314	10	314		1,099	19
20									20
21	Elevator repair	2011	4,350	435	10	435		1,522	21
22	Fover Remodeling	2012	26,756	2,676	10	2,676		6,690	22
23	Enclosure of Trash Contains	2012	2,212	221	10	221		553	23
24	Bathroom & Shower Remodel - Plumbing, Tile, ceramic	2012	26,735	2,674	10	2,674		6,685	24
25	Fire System - Check Valve Remodeling	2012	11,946	1,195	10	1,195		2,987	25
26	Chiller Unit on Roof UpGrade Improvements	2012	5,643	564	10	564		1,410	26
27	Dinning Room Remodelig - Build in Cabinets and Blinds	2012	18,406	1,840	10	1,840		4,600	27
28	Dialysis Room Conversion - ceiling tile, vinyl flooring, electric work, trim work	2012	39,774	3,977	10	3,977		9,943	28
29									29
30	Therapy Room Remodel first floor -glass,drywall,ceiling title prime all walls	2012	10,368	1,037	10	1,037		2,592	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,979,674	\$ 78,006		\$ 155,570	\$ 77,564	\$ 1,131,163	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	
	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	\$ 78,006		\$ 155,570	\$ 77,564	\$ 1,131,163	1
2	Dialysis Room Conversion - ceiling tile, vinyl flooring,	2013	63,006	6,301	10	6,301		9,451	2
3	electric work, trim work								3
4	Therapy Room Remodel first floor -Counter Tops	2013	2,919	292	10	292		438	4
5	Kitchen Remodel - Paint, Cabinets	2013	6,136	614	10	614		921	5
6	Facility Roof Repairs	2013	6,424	642	10	642		963	6
7	Doctors Lounge South Wing-Electric, Drywall, Paint, Flooring	2013	38,577	3,858	10	3,858		5,787	7
8	Res Rooms 1st Floor - Mirrors, Flooring, Plumbing, fan coils	2013	11,339	1,134	10	1,134		1,701	8
9	New Exterior Lighting	2013	3,405	341	10	341		511	9
10	Remodel the Juice Bar with Cabinets and Counter tops	2013	2,260	226	10	226		339	10
11	Remodel the Fire Sprinkler Sys in Beauty Shop, Kitchen	2013	1,440	144	10	144		216	11
12									12
13	Replace the Asphalt Parking Lot & Stripping	2014	8,109	811	5	811		811	13
14									14
15	Replace the Door Operator on the North Elevator	2014	5,800	290	10	290		290	15
16	Upgrade of the Laundry Room,= - Plumbing, Walls, Electric,	2014	95,256	4,763	10	4,763		4,763	16
17	vent work, Painting, tile, gas and water lines								17
18	Upgrade the Nurse Station - Built in cabinets, blinds,& walls	2014	4,960	247	10	247		274	18
19									19
20	Elevator Modernization	2014	42,120	2,106	10	2,106		2,106	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)		\$ 4,271,425	\$ 99,775		\$ 177,339	\$ 77,564	\$ 1,159,734	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	\$ 457,694	\$ 46,835	\$ 46,835	\$	5-10 yrs	\$ 226,483	71
72	Current Year Purchases	65,727	3,286	3,286		10 yrs	3,286	72
73	Fully Depreciated Assets	30,106	300	300		5 yrs	30,106	73
74	Alloc. From Mgmt. Co. & BLDG	597,261		64,472	64,472	10 yrs	562,385	74
75	TOTALS	\$ 1,150,788	\$ 50,421	\$ 114,893	\$ 64,472		\$ 822,260	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	N/A			\$	\$	\$	\$		\$	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)	\$ 6,983,621	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 150,196	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 292,232	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 142,036	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,981,994	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	Building Improvements	\$ 1,470,413	92
93			93
94			94
95		\$ 1,470,413	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	<u>Allocated from Management Company</u>				<u>57,826</u>			6
7	TOTAL				\$ 57,826			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. _____ /2015 \$ N/A

13. _____ /2016 \$ N/A

14. _____ /2017 \$ 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

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: \$ 75,423 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					18
19	<u>N/A</u>				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
12/31/2014

Schedule 14 A

Schedule 14A

XII. Rental Costs
Line 16 - Description

Copier	12,937
Water Cooler	3,974
Medical Equipment	9,328
Mattress & Beds	36,438
Postage Meter	3,483
Management Co.	<u>9,263</u>
Total	<u><u>75,423</u></u>

Facility Name & ID Number Meadowbrook Manor LaGrange # 0047274 Report Period Beginning: 01/01/2014 Ending: 12/31/2014
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>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		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)		748		748
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$ 748	\$	\$ 748
10	SUM OF line 9, col. 1 and 2 (e)	\$	748		

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)	3566	hrs	\$ 139,200	64	\$ 4,128	\$	3,630	\$ 143,328	1
2	Licensed Speech and Language Development Therapist	10A(1)	2115	hrs	85,161				2,115	85,161	2
3	Licensed Recreational Therapist			hrs							3
4	Licensed Physical Therapist	10A(1,2 & 3)	6699	hrs	286,985			7,019	6,699	294,004	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				148,494		148,494	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs							10
11	Academic Education			hrs							11
12	Other (specify): <u>Oxygen</u>	39(2)						29,433		29,433	12
13	Other (specify): <u>Dialysis</u>	39(3)					39,852			39,852	13
14	TOTAL				\$ 511,346	64	\$ 43,980	\$ 184,946	12,444	\$ 740,272	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: 01/01/2014

Ending:

12/31/2014

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2014

(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	\$ 7,620	\$ 7,620	1
2	Cash-Patient Deposits	46,917	46,917	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>210,605</u>)	2,479,810	2,479,810	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	333,714	350,463	6
7	Other Prepaid Expenses	1,066	1,066	7
8	Accounts Receivable (owners or related parties)	233,864	233,864	8
9	Other(specify): <u>See Sch 17C</u>	4,656	118,181	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,107,647	\$ 3,237,921	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		3,198,490	14
15	Leasehold Improvements, at Historical Cost	1,018,245	1,072,935	15
16	Equipment, at Historical Cost	553,527	1,150,788	16
17	Accumulated Depreciation (book methods)	(719,455)	(1,981,994)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify <u>CIP</u>)	725,705	1,470,413	22
23	Other(specify): <u>Mortgage Cost Net</u>	68,220	120,342	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,646,242	\$ 6,592,382	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,753,889	\$ 9,830,303	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 708,832	\$ 708,832	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	28,260	28,260	28
29	Short-Term Notes Payable	847,007	847,007	29
30	Accrued Salaries Payable	312,830	312,830	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)		361,000	32
33	Accrued Interest Payable	914	13,023	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Sch17C</u>	21,485	21,485	36
37	<u>Due to Related Parties</u>	7,715,988	3,265,212	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 9,635,316	\$ 5,557,649	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	1,107,500	1,107,500	39
40	Mortgage Payable		2,812,328	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)	\$ 1,107,500	\$ 3,919,828	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 10,742,816	\$ 9,477,477	46
47	TOTAL EQUITY(page 18, line 24)	\$ (5,988,927)	\$ 352,826	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,753,889	\$ 9,830,303	48

*(See instructions.)

Meadowbrook Manor LaGrange
0047274
12/31/2014

Schedule 17C

XV. Balance Sheet

A. Current Assets	Operating	After Consolidation
Line 9 -Other		
Employee Advances	4,656	4,656
Real Estate Tax-Escrow		113,525
	4,656	118,181

C. Current Liabilities	Operating	After Consolidation
Line 36 -Other Current Liabilities		
Accrued-Payroll Taxes	21,618	21,618
Wage Garnishments	(133)	(133)
Credit Union		
Professional Liability Claims		
	21,485	21,485

C. Current Liabilities	Operating	After Consolidation
Line 37 -Other Current Liabilities		
Due from Bolingbrook	1,686,986	1,686,986
Due from Naperville	1,310,640	1,310,640
Due from BHC VIII	92,626	92,626

Due from BHC Construction	4,498	4,498
Accrued Rent	4,450,776	
Resident Credit Balances	75,100	75,100
N/P State	95,362	95,362
Due from BHC VIII		
	<u>7,715,988</u>	<u>3,265,212</u>

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (5,302,581)	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)	\$ (5,302,579)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(686,348)	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	()	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)	\$ (686,348)	17
B. Transfers (Itemize):			
18	Rounding		18
19			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)	\$ (5,988,927)	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	\$ 9,015,776	1	
2	Discounts and Allowances for all Levels	(279,872)	2	
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 8,735,904	3	
B. Ancillary Revenue				
4	Day Care		4	
5	Other Care for Outpatients		5	
6	Therapy	941,623	6	
7	Oxygen	40,895	7	
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 982,518	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	1,881	13	
14	Non-Patient Meals	1,387	14	
15	Telephone, Television and Radio		15	
16	Rental of Facility Space		16	
17	Sale of Drugs	146,648	17	
18	Sale of Supplies to Non-Patients		18	
19	Laboratory	25,369	19	
20	Radiology and X-Ray	11,490	20	
21	Other Medical Services	108,317	21	
22	Laundry	14,215	22	
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 309,307	23	
D. Non-Operating Revenue				
24	Contributions		24	
25	Interest and Other Investment Income***	37,929	25	
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 37,929	26	
E. Other Revenue (specify):****				
27	Settlement Income (Insurance, Legal, Etc.)		27	
28	Miscellaneous and Vending Income	2,570	28	
28a			28a	
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 2,570	29	
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,068,228	30	

		2		
II. Expenses		Amount		
A. Operating Expenses				
31	General Services	1,584,398	31	
32	Health Care	4,507,871	32	
33	General Administration	2,170,017	33	
B. Capital Expense				
34	Ownership	1,558,766	34	
C. Ancillary Expense				
35	Special Cost Centers	554,270	35	
36	Provider Participation Fee	379,254	36	
D. Other Expenses (specify):				
37			37	
38			38	
39			39	
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,754,576	40	
41	Income before Income Taxes (line 30 minus line 40)**	(686,348)	41	
42	Income Taxes		42	
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (686,348)	43	

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 6,387,695	44
45	Private Pay - Net Inpatient Revenue	1,217,889	45
46	Medicare - Net Inpatient Revenue	794,119	46
47	Other-(specify) <u>Private Insurance</u>	336,201	47
48	Other-(specify) <u>Hospice</u>		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 8,735,904	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: 01/01/2014

Ending: 12/31/2014

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,996	2,080	\$ 87,436	\$ 42.04	1
2	Assistant Director of Nursing	1,880	2,084	69,170	33.19	2
3	Registered Nurses	19,225	20,747	563,805	27.18	3
4	Licensed Practical Nurses	36,071	38,381	1,069,567	27.87	4
5	CNAs & Orderlies	85,928	89,344	1,080,748	12.10	5
6	CNA Trainees	76	82	748	9.12	6
7	Licensed Therapist	10,966	12,380	511,346	41.30	7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	13,943	14,761	144,048	9.76	10
11	Social Service Workers	3,444	3,769	68,491	18.17	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	25,802	27,268	316,963	11.62	15
16	Dishwashers					16
17	Maintenance Workers	6,988	7,597	113,489	14.94	17
18	Housekeepers	23,339	24,818	228,343	9.20	18
19	Laundry	7,870	8,508	76,416	8.98	19
20	Administrator	1,664	1,868	58,322	31.22	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	11,425	12,120	209,180	17.26	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	2,021	2,240	29,621	13.22	31
32	Other Health C: <u>See Sch 20A</u>	18,666	20,060	434,552	21.66	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	271,304	288,107	\$ 5,062,245 *	\$ 17.57	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	310	\$ 13,660	1(3)	35
36	Medical Director	Monthly	37,500	9(3)	36
37	Medical Records Consultant	Monthly	4,704	10(3)	37
38	Nurse Consultant	235	9,425	10(3)	38
39	Pharmacist Consultant			10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	67	2,660	10A(3)	42
43	Speech Therapy Consultant				43
44	Activity Consultant	48	2,496	11(3)	44
45	Social Service Consultant	14	884	12(3)	45
46	Other(specify) <u>Quality Assurance</u>	Monthly	9,427	10(3)	46
47	<u>Wound Care Director</u>	Monthly	13,800	10(3)	47
48					48
49	TOTAL (lines 35 - 48)	674	\$ 94,556		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
12/31/2014

Schedule 20 A

XXVIII. A. Staffing and Salary costs

Name	Number of Hrs Worked	Number Hrs Paid	Tot Sal & Wages	Ave. Hourly
Ward Clerks	3	3	41	13.67
Central Supply	2,019	2,411	37,149	15.41
Nursing Administration	6,324	6,711	205,879	30.68
Rehabilitation Nursing Wages	3,607	3,716	99,906	26.89
Rehabilitation Aides Wages	6,713	7,219	91,577	12.69
Total	18,666	20,060	434,552	21.66

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		
Kathleen Sefcik	Administrator	0	\$ 26,977	Workers' Compensation Insurance	\$ 169,328	IDPH License Fee	\$ 2,490		
Kathleen Hansen	Administrator	0	31,345	Unemployment Compensation Insurance	90,701	Advertising: Employee Recruitment			
				FICA Taxes	378,861	Health Care Worker Background Check	667		
				Employee Health Insurance	169,181	(Indicate # of checks performed 23)			
				Employee Meals		Patient Background Checks	100 1,000		
				Illinois Municipal Retirement Fund (IMRF)*		Illinois Council Long Term Care	18,961		
				Employee Retirement	24,205	Less COPE Fee	(12,115)		
				Employee Lab Test	786	Misc. Dues & Subscriptions	12,522		
				Uniform Allowance	(2,112)	Misc. Licenses	3,069		
				Other Employee Benefits	6,266	Alloc. Mgmt. Co.	3,653		
				Medical Reimbursement	9,258	Less: Public Relations Expense	()		
				Employee Picnics	1,576	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)		
\$ 58,322				\$ 848,050			\$ 30,247		
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)			\$ 604,042				Out-of-State Travel	\$	
							In-State Travel		
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			Seminar Expense		1,458
\$ 604,042				\$			Allocated from Mgmt. Co.		866
C. Professional Services									
Vendor/Payee	Type		Amount						
Rehab Management Systems	Billing Services		\$ 40,800						
ADP Inc.	Payroll Services		13,634						
Innovative LTC Solutions	Professional Services		6,199						
Unemployment Consultants	Unemployment Consultant		2,040						
Cardiac Diagnostics, Inc.	Professional Services		41						
Pharmacy Rice Management	Professional Services		1,936						
Litwiller Consulting LLC	Professional Services		1,350						
The Lannert Group, Inc	Professional Services		755						
McGladrey, LLP	Accounting		14,898						
Ronald L Cournaya	Accounting		5,000						
See Schedule 21A			21,512						
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)				TOTAL			Entertainment Expense (agree to Sch. V, line 24, col. 8)		
\$ 108,165				\$			\$ 2,324		

* Attach copy of IMRF notifications

**See instructions.

Butterfield Health Care VII, LLC
Meadowbrook M 0047274
Provider #: to 12/31/2014
01/01/2014

Schedule 21A

XIX. SUPPORT SCHEDULE

C. Professional Services

Polsinelli Shughart PC	Legal	20,473
Johnson & Bell LTD	Legal- General Liability	(12,063)
Morgan Lewis & Bockius LLP	Legal	3,824
Spielberger Law Group	Legal	1,000
Hamilton Thies Lorch & Hagnell	Legal	945
Grabowski Law Center LLC	Legal	7,085
Gary L Cole	Legal	248

Total for Schedule 21A 21,512

Total (agree to Schedule V, line 19, column 3) 108,165

Allocation from Butterfield Health Care Grou	Professional Services	19,401
Allocation From MML Properties	Accounting Fees	9,950
Allocation From MML Properties	Legal Fees	0
Less: Disallowed legal fees - Collections		(7,085)

Total (agree to Schedule V, line 19, column 8) 130,431

Meadowbrook Manor LaGrange

Provider #: 0047274

01/01/2014 to 12/31/2014

Effective Date	Source	Description	Ref #	Amount
03/05/14	AR-CR	A/R Cash Receipt - A/R import - Legal Fees		45.00
05/21/14	AR-CR	A/R Cash Receipt - A/R import - Legal Fees		444.90
09/25/14	AR-CR	A/R Cash Receipt - A/R import - Legal Fees		6,534.83
07/29/14	AP-IN	GARY L. COLE AIA, ALA, ESQ	072914	247.50
10/31/14	AP-IN	GRABOWSKI LAW CENTER LLC	103114	60.00
04/23/14	AP-IN	HAMILTON THIES & LORCH	17521	945.00
04/18/14	AP-IN	JOHNSON & BELL LTD - Reversed	362177	(12,062.65)
05/09/11	AP-IN	MORGAN LEWIS & BOCKIUS LLP	2786872 LAG	1,260.00
03/08/12	AP-IN	MORGAN LEWIS & BOCKIUS LLP	2787594 LAG	511.50
05/21/12	AP-IN	MORGAN LEWIS & BOCKIUS LLP	2817911 LAG	2,052.50
01/29/14	AP-IN	POLSINELLI PC	1037502	78.00
02/17/14	AP-IN	POLSINELLI PC	1040323	234.00
03/31/14	AP-IN	POLSINELLI PC	1053192	260.00
04/30/14	AP-IN	POLSINELLI PC	1062563	208.00
05/27/14	AP-IN	POLSINELLI PC	1069673	182.00
06/27/14	AP-IN	POLSINELLI PC	1079374	247.50
07/24/14	AP-IN	POLSINELLI PC	1087724	78.00
08/25/14	AP-IN	POLSINELLI PC	1096003	1,608.50
09/18/14	AP-IN	POLSINELLI PC	1104753	3,977.70
10/09/14	AP-IN	POLSINELLI PC	1112082 LAG	8,806.50
11/07/14	AP-IN	POLSINELLI PC	1116472	1,760.50
12/17/14	AP-IN	POLSINELLI PC	1129962	2,408.96

Meadowbrook Manor LaGrange
Provider #: 0047274
01/01/2014 to 12/31/2014

Effective Date	Source	Description	Ref #	Amount
12/31/14	GL-JE	POLSINELLI PC	1137296	623.48
09/30/14	AP-IN	SPIELBERGER LAW GROUP	093014	1,000.00
				<u>21,511.72</u>

6273.000 Legal Fees for 2014

Details

Grabowski Law Center - Collection Fees - Artiesha Thames

Grabowski Law Center - Collection Fees - J. Brown

Polsinelli Legal fees for 2011-12 Interest Litigation from IDPA

Jan-July 2014 Fees for the Correspondence with IHPA and HUD regarding Final closeout of Meadowbrook Historic Preservation

Filing Fees for Probate Claim - Irma Cerny

Telephone Conference Regarding West Suburban Loan

Reimbursement of overpaid SIR charges

GL/PL insurance - defense

GL/PL insurance - defense

GL/PL insurance - defense

E-mail Correspondence regarding access to bank acct of Mr Chester Jirik, non payment recovery

Prehearing conference regarding the involuntary transfer and discharge of L. Howell

Conference on Status and Strategy of the involuntary transfer and discharge of L. Howell

Status Conference and Supena for the bank records relating to L. Howell

Conference on Collections strategy, breach of contract complaint and obtaining lein against C. Perry

Email exchanges/phone conference regarding State fine Assessment

Telephone Conference regarding agreement for reverse mortgage between facility and Perry Family in reagrds to breach of contract action

Life Safety Code survey issues - Resident contract changes - Plan of correction filing - MCO contract negotiations

Life Safety Code survey issues - Resident contract changes - Plan of correction filing - MCO contract negotiations

Life Safety Code survey issues - Resident contract changes - Plan of correction filing - MCO contract negotiations

MCO Bad debt issues - MCO Claim rejections - Collection Issues

Collections - CON Permit renewal - Part B billing services issues - Guardianship (Howell) MCO Contract

6273.000 Legal Fees for 2014

Details

Updating final version of contracts, review bed hold language & initiate changes, denial of Part B Services for Therapy, Court appearance for Perry Settlement
Lawyer Fees paid as part of the Settlement of the Lawsuit with Employee Tiffany Armstrong

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									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: 01/01/2014

Ending: 12/31/2014

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-\$18,961
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 yrs.
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 60,187 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 379,254
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. \$ 1,387
- (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) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. 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	316,963	36,993	13,660	367,616	0	367,616	0	367,616
2. Food Purchase	0	305,846	0	305,846	0	305,846	280	306,126
3. Housekeeping	228,343	57,408	0	285,751	0	285,751	0	285,751
4. Laundry	76,416	15,841	0	92,257	0	92,257	0	92,257
5. Heat and Other Utilities	0	0	218,678	218,678	0	218,678	2,078	220,756
6. Maintenance	113,489	32,063	168,698	314,250	0	314,250	25,181	339,431
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	735,211	448,151	401,036	1,584,398	0	1,584,398	27,539	1,611,937
9. Medical Director	0	0	37,500	37,500	0	37,500	15,455	52,955
10. Nursing & Medical Records	3,334,899	345,907	37,356	3,718,162	0	3,718,162	10,910	3,729,072
10a. Therapy	511,346	7,019	6,788	525,153	0	525,153	0	525,153
11. Activities	144,048	10,389	2,496	156,933	0	156,933	0	156,933
12. Social Services	68,491	0	884	69,375	0	69,375	14,984	84,359
13. Nurse Aide Training	748	0	0	748	0	748	0	748
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	4,059,532	363,315	85,024	4,507,871	0	4,507,871	41,349	4,549,220
17. Administrative	58,322	0	604,042	662,364	0	662,364	-522,783	139,581
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	108,165	108,165	0	108,165	22,266	130,431
20. Fees, Subscriptions & Promotion	0	0	39,209	39,209	0	39,209	-8,962	30,247
21. Clerical & General Office	209,180	30,374	60,838	300,392	0	300,392	190,812	491,204
22. Employee Benefits & Payroll	0	0	848,050	848,050	0	848,050	0	848,050
23. Inservice Training & Education	0	0	532	532	0	532	125	657
24. Travel and Seminar	0	0	1,458	1,458	0	1,458	866	2,324
25. Other Admin. Staff Trans	0	0	5,043	5,043	0	5,043	1,609	6,652
26. Insurance-Prop.Liab.Malpractice	0	0	204,804	204,804	0	204,804	20,703	225,507
27. Other (specify)*	0	0	0	0	0	0	55,146	55,146
28. Total General Adminis	267,502	30,374	1,872,141	2,170,017	0	2,170,017	-240,218	1,929,799
29. Total General Administrative	5,062,245	841,840	2,358,201	8,262,286	0	8,262,286	-171,330	8,090,956
30. Depreciation	0	0	148,090	148,090	0	148,090	144,142	292,232
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	24,516	24,516	0	24,516	125,748	150,264
33. Real Estate	0	0	0	0	0	0	311,130	311,130

34. Rent - Facility & Grounds	0	0	1,320,000	1,320,000	0	1,320,000	-1,262,174	57,826
35. Rent - Equipment & Vehicles	0	0	66,160	66,160	0	66,160	9,263	75,423
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	1,558,766	1,558,766	0	1,558,766	-671,891	886,875
38. Medically Necessary T	0	0	15,716	15,716	0	15,716	0	15,716
39. Ancillary Service Cent	0	177,927	39,852	217,779	0	217,779	0	217,779
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	379,254	379,254	0	379,254	0	379,254
43. Other (specify):*	0	0	320,775	320,775	0	320,775	-320,775	0
44. Total Special Cost Ce	0	177,927	755,597	933,524	0	933,524	-320,775	612,749
45. Grand Total	5,062,245	1,019,767	4,672,564	10,754,576	0	10,754,576	-1,163,996	9,590,580

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	7,620	7,620
2. Cash - Patient Deposits	46,917	46,917
3. Accounts & Notes Receivable	2,479,810	2,479,810
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	333,714	350,463
7. Other Prepaid Expenses	1,066	1,066
8. Accounts Receivable-Owner/Related Party	233,864	233,864
9. Other (specify):	4,656	118,181
10. Total current assets	3,107,647	3,237,921
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	3,198,490
15. Leasehold Improvements, Historical Cost	1,018,245	1,072,935
16. Equipment, at Historical Cost	553,527	1,150,788
17. Accumulated Depreciation (book methods)	-719,455	-1,981,994
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):	725,705	1,470,413
23. other (specify):	68,220	120,342
24. Total Long-Term Assets	1,646,242	6,592,382
25. Total Assets	4,753,889	9,830,303
CURRENT LIABILITIES		
26. Accounts Payable	708,832	708,832
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	28,260	28,260
29. Short-Term Notes Payable	847,007	847,007
30. Accrued Salaries Payable	312,830	312,830
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	0	361,000
33. Accrued Interest Payable	914	13,023
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	21,485	21,485

37. Other Current Liabilities (specify):	7,715,988	3,265,212
38. Total Current Liabilities	9,635,316	5,557,649
LONG TERM LIABILITES		
39. Long-Term Notes Payable	1,107,500	1,107,500
40. Mortgage Payable	0	2,812,328
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	1,107,500	3,919,828
46. Total Liabilities	10,742,816	9,477,477
47. Total Equity	-5,988,927	352,826
48. Total Liabilities and Equity	4,753,889	9,830,303

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	9,015,776
2. Discounts and Allowances for all Levels	-279,872
Subtotal - Inpatient Care	8,735,904
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	941,623
7. Oxygen	40,895
Subtotal - Anciliary Revenue	982,518
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	1,881
14. Non-Patient Meals	1,387
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	146,648
18. Sale of Supplies to Non-Patients	0
19. Laboratory	25,369
20. Radiology and X-Ray	11,490
21. Other Medical Services	108,317
22. Laundry	14,215
Subtotal - Other Operating Revenue	309,307
24. Contributions	0
25. Interest and Other Investments Income	37,929
Subtotal - Non-Operating Revenue	37,929
27. Other Revenue (specify):	2,570
28. Other Revenue (specify):	0
Subtotal - Other Revenue	2,570
30. Total Revenue	10,068,228
31. General Services	1,584,398
32. Health Care	4,507,871
33. General Administration	2,170,017
34. Ownership	1,558,766

35. Special Cost Centers	554,270
35. Provider Participation Fee	379,254
37. Other	0
40. Total Expenses	10,754,576
41. Income Before Income Taxes	-686,348
42. Income Taxes	0
43. Net Income or Loss for the Year	-686,348