



Facility Name & ID Number Maplewood Care

# 0040428 Report Period Beginning: 01/01/11 Ending: 12/31/11

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>203</u>	Skilled (SNF)	<u>203</u>	<u>74,095</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>203</u>	TOTALS	<u>203</u>	<u>74,095</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>44,464</u>	<u>1,029</u>	<u>4,081</u>	<u>49,574</u>	8
9	SNF/PED					9
10	ICF	<u>18,158</u>	<u>376</u>		<u>18,534</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>62,622</u>	<u>1,405</u>	<u>4,081</u>	<u>68,108</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 91.92%

D. How many bed-hold days during this year were paid by the Department? 2,077 (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 04/01/1993

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date 04/01/1993 NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 203 and days of care provided 2,868

Medicare Intermediary CGS Administrators

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

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

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

Facility Name & ID Number Maplewood Care # 0040428 Report Period Beginning: 01/01/11 Ending: 12/31/11

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	281,628	31,547	42,408	355,583		355,583	(16,927)	338,656		1
2	Food Purchase		335,107		335,107	(33,803)	301,304	(69)	301,235		2
3	Housekeeping	263,843	51,448		315,291		315,291	(1,754)	313,537		3
4	Laundry	67,574	20,340		87,914		87,914	(665)	87,249		4
5	Heat and Other Utilities			183,737	183,737		183,737	(23,836)	159,901		5
6	Maintenance	45,119	41,920	241,971	329,010		329,010	(34,247)	294,763		6
7	Other (specify):*							7,568	7,568		7
8	<b>TOTAL General Services</b>	658,164	480,362	468,116	1,606,642	(33,803)	1,572,839	(69,930)	1,502,909		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			7,200	7,200		7,200		7,200		9
10	Nursing and Medical Records	2,224,613	189,799	352,098	2,766,510		2,766,510	(34,307)	2,732,203		10
10a	Therapy	157,792	3,005	49,670	210,467		210,467	(14,861)	195,606		10a
11	Activities	117,339	19,465	2,448	139,252		139,252		139,252		11
12	Social Services	235,865		13,500	249,365		249,365		249,365		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*							5,664	5,664		15
16	<b>TOTAL Health Care and Programs</b>	2,735,609	212,269	424,916	3,372,794		3,372,794	(43,505)	3,329,289		16
	<b>C. General Administration</b>										
17	Administrative	89,743		543,053	632,796		632,796	(436,940)	195,856		17
18	Directors Fees										18
19	Professional Services			232,405	232,405	(955)	231,450	(126,036)	105,414		19
20	Dues, Fees, Subscriptions & Promotions			61,316	61,316		61,316	(35,192)	26,124		20
21	Clerical & General Office Expenses	248,654	29,453	232,280	510,387		510,387	(47,965)	462,422		21
22	Employee Benefits & Payroll Taxes			503,425	503,425	33,803	537,228		537,228		22
23	Inservice Training & Education										23
24	Travel and Seminar			7,835	7,835		7,835	601	8,436		24
25	Other Admin. Staff Transportation			10,578	10,578		10,578	9,739	20,317		25
26	Insurance-Prop.Liab.Malpractice			141,921	141,921		141,921	1,594	143,515		26
27	Other (specify):*							43,395	43,395		27
28	<b>TOTAL General Administration</b>	338,397	29,453	1,732,813	2,100,663	32,848	2,133,511	(590,804)	1,542,707		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	3,732,170	722,084	2,625,845	7,080,099	(955)	7,079,144	(704,239)	6,374,905		29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number

Maplewood Care

#0040428

Report Period Beginning:

01/01/11

Ending:

12/31/11

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			90,528	90,528		90,528	230,709	321,237			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			20,022	20,022		20,022	374,110	394,132			32
33	Real Estate Taxes					955	955	116,642	117,597			33
34	Rent-Facility & Grounds			925,000	925,000		925,000	(925,000)				34
35	Rent-Equipment & Vehicles			4,560	4,560		4,560	7,088	11,648			35
36	Other (specify):*							30,224	30,224			36
37	<b>TOTAL Ownership</b>			1,040,110	1,040,110	955	1,041,065	(166,227)	874,838			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		152,876	381,806	534,682		534,682		534,682			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			373,143	373,143		373,143		373,143			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		152,876	754,949	907,825		907,825		907,825			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	3,732,170	874,960	4,420,904	9,028,034		9,028,034	(870,465)	8,157,569			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maplewood Care

# 0040428

Report Period Beginning:

01/01/11

Ending:

12/31/11

**VI. ADJUSTMENT DETAIL**

**A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)**

		1	2	3	
	<b>NON-ALLOWABLE EXPENSES</b>	<b>Amount</b>	<b>Refer- ence</b>	<b>BHF USE ONLY</b>	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(26,468)	05		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	206,409	30		9
10	Interest and Other Investment Income	(5,639)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(69)	02		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				18
19	Entertainment				19
20	Contributions	(1,150)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(133,645)	21		24
25	Fund Raising, Advertising and Promotional	(12,235)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(8,500)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(11,232)	20		28
29	Other-Attach Schedule	(55,178)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (47,707)		\$	30

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

		1	2	
		<b>Amount</b>	<b>Reference</b>	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(822,759)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (822,759)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (870,465)		37

\*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

**C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)**

		1	2	3	4	
		<b>Yes</b>	<b>No</b>	<b>Amount</b>	<b>Reference</b>	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

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

SEE ACCOUNTANTS' COMPILATION REPORT

## Maplewood Care

ID# 0040428

Report Period Beginning: 01/01/11

Ending: 12/31/11

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Bank Fees	\$ (5,322)	21	1
2	Theft and Damage Loss	(33)	21	2
3	Additional R&M	12,017	06	3
4	Prior Period Replacement Tax	(528)	21	4
5	Miscellaneous Income	(1,500)	21	5
6	Non-Allowable Legal	(4,884)	19	6
7	COPE Dues	(4,738)	20	7
8	Non-Allowable Seminar Add to 2012	(105)	24	8
9	Capitalized R&M	(31,980)	06	9
10	Filing Fee- Building Co.	(309)	20	10
11	Office Expense- Building Co.	(214)	21	11
12	Professional Fees- Building Co.	(6,007)	19	12
13	Prior Period Expense	(1,379)	10	13
14	Prior Period Expense	(2,177)	21	14
15	CMS Penalty	(7,020)	20	15
16	State Replacement Tax	(1,000)	21	16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(55,178)		49

Maplewood Care

ID# 0040428  
 Report Period Beginning: 01/01/11  
 Ending: 12/31/11

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
50		\$	1
51			2
52			3
53			4
54			5
55			6
56			7
57			8
58			9
59			10
60			11
61			12
62			13
63			14
64			15
65			16
66			17
67			18
68			19
69			20
70			21
71			22
72			23
73			24
74			25
75			26
76			27
77			28
78			29
79			30
80			31
81			32
82			33
83			34
84			35
85			36
86			37
87			38
88			39
89			40
90			41
91			42
92			43
93			44
94			45
95			46
96			47
97			48
98			49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Maplewood Care# 0040428

Report Period Beginning:

01/01/11

Ending:

12/31/11

## 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				(16,927)								(16,927)	1
2	Food Purchase	(69)											(69)	2
3	Housekeeping					(1,754)							(1,754)	3
4	Laundry					(665)							(665)	4
5	Heat and Other Utilities	(26,468)			2,632								(23,836)	5
6	Maintenance	(19,963)		(13,544)	(740)								(34,247)	6
7	Other (specify):*			859	6,709								7,568	7
8	<b>TOTAL General Services</b>	<b>(46,500)</b>		<b>(12,685)</b>	<b>(8,326)</b>	<b>(2,419)</b>							<b>(69,930)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director													9
10	Nursing and Medical Records	(1,379)		(32,885)	7,732	(7,775)							(34,307)	10
10a	Therapy				(14,861)								(14,861)	10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*			2,721	2,943								5,664	15
16	<b>TOTAL Health Care and Programs</b>	<b>(1,379)</b>		<b>(30,164)</b>	<b>(4,187)</b>	<b>(7,775)</b>							<b>(43,505)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative			(515,947)	79,007								(436,940)	17
18	Directors Fees													18
19	Professional Services	(10,891)	6,007	(137,533)	16,381								(126,036)	19
20	Fees, Subscriptions & Promotions	(36,684)	309	1,183									(35,192)	20
21	Clerical & General Office Expenses	(152,919)	214	104,667	73								(47,965)	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar	(105)		706									601	24
25	Other Admin. Staff Transportation			9,739									9,739	25
26	Insurance-Prop.Liab.Malpractice			1,470	124								1,594	26
27	Other (specify):*			25,555	17,840								43,395	27
28	<b>TOTAL General Administration</b>	<b>(200,599)</b>	<b>6,530</b>	<b>(510,160)</b>	<b>113,425</b>								<b>(590,804)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(248,477)</b>	<b>6,530</b>	<b>(553,009)</b>	<b>100,912</b>	<b>(10,195)</b>							<b>(704,239)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Maplewood Care# 0040428

Report Period Beginning:

01/01/11

Ending:

12/31/11

## 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)	
	<b>D. Ownership</b>													
30	Depreciation	206,409	15,895		8,405								230,709	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(5,639)	381,402	(8,900)	7,247								374,110	32
33	Real Estate Taxes		110,031		6,611								116,642	33
34	Rent-Facility & Grounds		(925,000)										(925,000)	34
35	Rent-Equipment & Vehicles			7,088									7,088	35
36	Other (specify):*		30,224										30,224	36
37	<b>TOTAL Ownership</b>	<b>200,770</b>	<b>(387,448)</b>	<b>(1,812)</b>	<b>22,263</b>								<b>(166,227)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*													43
44	<b>TOTAL Special Cost Centers</b>													<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(47,707)	(380,918)	(554,821)	123,175	(10,195)							(870,465)	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
See Page 6 Supplemental		See Page 6 Supplemental		See Page 6 Supplemental		
				Maplewood-Jane, LLC		Bldg.Co.

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	34 Rental Income	\$ 925,000	Maplewood- Jane, LLC	100.00%	\$	\$ (925,000)	1
2	V	32 Interest Income	783	Maplewood- Jane, LLC	100.00%		(783)	2
3	V	36 Amortization		Maplewood- Jane, LLC	100.00%	30,224	30,224	3
4	V	30 Depreciation		Maplewood- Jane, LLC	100.00%	15,895	15,895	4
5	V	20 Filing Fees		Maplewood- Jane, LLC	100.00%	309	309	5
6	V	32 Interest Expense		Maplewood- Jane, LLC	100.00%	382,185	382,185	6
7	V	21 Office Expense		Maplewood- Jane, LLC	100.00%	214	214	7
8	V	33 Real Estate Taxes		Maplewood- Jane, LLC	100.00%	110,031	110,031	8
9	V	19 Professional Fees		Maplewood- Jane, LLC	100.00%	6,007	6,007	9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 925,783			\$ 544,865	\$ * (380,918)	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	6 REPAIRS AND MAINT.	\$ 24,360	S.I.R. MANAGEMENT, INC.	100.00%	\$ 10,816	\$ (13,544)
16	V	7 EMP. BEN.-GEN. SERV.		S.I.R. MANAGEMENT, INC.	100.00%	859	859
17	V	10 NURSING	48,720	S.I.R. MANAGEMENT, INC.	100.00%	15,835	(32,885)
18	V	15 EMP. BEN.-H.C.		S.I.R. MANAGEMENT, INC.	100.00%	2,721	2,721
19	V	19 PROFESSIONAL FEES	150,492	S.I.R. MANAGEMENT, INC.	100.00%	12,959	(137,533)
20	V	20 FEES,SUBSCRIPTIONS		S.I.R. MANAGEMENT, INC.	100.00%	1,183	1,183
21	V	21 CLERICAL & GENERAL	48,720	S.I.R. MANAGEMENT, INC.	100.00%	53,280	4,560
22	V	24 EDUCATION & SEMINAR		S.I.R. MANAGEMENT, INC.	100.00%	706	706
23	V	25 OTHER ADMIN. STAFF TRANS.		S.I.R. MANAGEMENT, INC.	100.00%	9,739	9,739
24	V	26 INSURANCE		S.I.R. MANAGEMENT, INC.	100.00%	1,470	1,470
25	V	27 EMP. BEN.-GEN. ADMIN.		S.I.R. MANAGEMENT, INC.	100.00%	4,672	4,672
26	V	32 INTEREST		S.I.R. MANAGEMENT, INC.	100.00%	(8,900)	(8,900)
27	V	35 EQUIPMENT RENTAL		S.I.R. MANAGEMENT, INC.	100.00%	7,088	7,088
28	V						
29	V	17 ADMINISTRATIVE	543,053	S.I.R. MANAGEMENT, INC.	100.00%	27,106	(515,947)
30	V	19 PROFESSIONAL FEES		S.I.R. MANAGEMENT, INC.	100.00%	1,947	
31	V	21 CLERICAL & GENERAL		S.I.R. MANAGEMENT, INC.	100.00%	100,107	100,107
32	V	27 EMP. BEN.-GEN. ADMIN.		S.I.R. MANAGEMENT, INC.	100.00%	20,883	20,883
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 815,345			\$ 262,471	\$ * (554,821)

\* 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	1	DIETARY SALARIES	\$ 24,360	S.I.R. MANAGEMENT, INC.	100.00%	\$ 7,433	\$ (16,927)	15
16	V	7	EMP. BEN.-DIETARY		S.I.R. MANAGEMENT, INC.	100.00%	1,292	1,292	16
17	V	10	NURSING SALARIES		S.I.R. MANAGEMENT, INC.	100.00%	7,732	7,732	17
18	V	15	EMP. BEN.-NURSING		S.I.R. MANAGEMENT, INC.	100.00%	1,338	1,338	18
19	V	17	ADMIN./LEGAL SALARIES		S.I.R. MANAGEMENT, INC.	100.00%	79,007	79,007	19
20	V	19	FIN. CONSULT./REGL. DIR.		S.I.R. MANAGEMENT, INC.	100.00%	15,369	15,369	20
21	V	27	EMP. BEN.-ADMINISTRATIVE		S.I.R. MANAGEMENT, INC.	100.00%	17,840	17,840	21
22	V								22
23	V								23
24	V	10A	DIRECTOR OF SPECIAL REHAB	24,360	S.I.R. MANAGEMENT, INC.	100.00%	9,499	(14,861)	24
25	V	15	EMPLOYEE BENFITS		S.I.R. MANAGEMENT, INC.	100.00%	1,605	1,605	25
26	V								26
27	V	6	MAINTENANCE SALARIES	28,842	S.I.R. MANAGEMENT, INC.	100.00%	27,025	(1,817)	27
28	V	7	EMPLOYEE BENEFITS		S.I.R. MANAGEMENT, INC.	100.00%	5,417	5,417	28
29	V								29
30	V	5	UTILITIES		S.I.R. MANAGEMENT, INC.	100.00%	2,632	2,632	30
31	V	6	REPAIRS AND MAINT.		S.I.R. MANAGEMENT, INC.	100.00%	1,077	1,077	31
32	V	19	PROFESSIONAL FEES		S.I.R. MANAGEMENT, INC.	100.00%	57	57	32
33	V	21	CLERICAL & GENERAL		S.I.R. MANAGEMENT, INC.	100.00%	73	73	33
34	V	26	INSURANCE		S.I.R. MANAGEMENT, INC.	100.00%	124	124	34
35	V	30	DEPRECIATION		S.I.R. MANAGEMENT, INC.	100.00%	8,405	8,405	35
36	V	32	INTEREST		S.I.R. MANAGEMENT, INC.	100.00%	7,247	7,247	36
37	V	33	REAL ESTATE TAXES		S.I.R. MANAGEMENT, INC.	100.00%	6,611	6,611	37
38	V	19	PROFESSIONAL FEES (RE TAX)		S.I.R. MANAGEMENT, INC.	100.00%	955	955	38
39	Total		\$ 77,562				\$ 200,737	\$ * 123,175	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	1 Dietary	\$	Xcel Supply, LLC	100.00%	\$		15
16	V	3 Housekeeping	28,930	Xcel Supply, LLC	100.00%	27,176	(1,754)	16
17	V	4 Laundry	10,977	Xcel Supply, LLC	100.00%	10,312	(665)	17
18	V	6 Repairs & Maintenance		Xcel Supply, LLC	100.00%			18
19	V	10 Nursing	128,255	Xcel Supply, LLC	100.00%	120,480	(7,775)	19
20	V	11 Activities		Xcel Supply, LLC	100.00%			20
21	V	21 Office And Clerical		Xcel Supply, LLC	100.00%			21
22	V	22 Employee Benefits		Xcel Supply, LLC	100.00%			22
23	V	30 Fixed Assets-Depreciation		Xcel Supply, LLC	100.00%			23
24	V	39 Ancillary		Xcel Supply, LLC	100.00%			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	<b>Total</b>		\$ 168,163			\$ 157,968	\$ * (10,195)	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	22 Employee Health Insurance	\$	CSS Employee Benefit Group	100.00%	\$ 111,934	\$ 111,934	15
16	V							16
17	V							17
18	V							18
19	V	22 Employee Health Insurance	111,934	CSS Employee Benefit Group	100.00%		(111,934)	19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 111,934			\$ 111,934	\$ *	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		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	<b>Total</b>		\$			\$	\$ *	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: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	<b>Total</b>		\$			\$	\$ *	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: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	<b>Total</b>		\$			\$	\$ *	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		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	<b>Total</b>		\$			\$	\$ *	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: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	<b>Total</b>		\$			\$	\$ *	39

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

**VII. RELATED PARTIES**

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	ADAM VALES TRUST	2.985%	ALBANY CARE INC	EVANSTON	MAPLEWOOD-JANE, LLC	LINCOLNWOOD	BUILDING CO.	1
2	BRYAN BARRISH TRUST DTD 09/01/2004	12.998%	BRYN MAWR CARE INC.	CHICAGO	SIR MANAGEMENT	LINCOLNWOOD	MANAGEMENT CO.	2
3	CELESTE GIANNINI TRUST DTD 3/13/00	10.510%	COLUMBUS PARK NURSING & REHABILITATION CENTER, INC.	CHICAGO	SIR PROPERTIES	LINCOLNWOOD	BUILDING CO.	3
4	CHARLENE HILL -JEON	2.488%	DECATUR MANOR HEALTHCARE,LLC	DECATUR	XCEL MEDICAL SUPPLY, LLC	EVANSTON	SUPPLIES	4
5	DANIEL ROTHNER TRUST	2.985%	ELMWOOD CARE, INC.	ELMWOOD PARK	C.C.S. VEBA	EVANSTON	HEALTH INSURANCE	5
6	DENNIS TOSSI	0.995%	FAIRVIEW NURSING PLAZA, INC.	ROCKFORD				6
7	GALE ROTHNER	7.463%	GREENWOOD CARE, INC.	EVANSTON				7
8	HARVEY SCOTT	0.995%	NEIGHBORS REHABILITATION CENTER,LLC	BYRON				8
9	JEFF ORAVEC	0.498%	REGENCY REHABILITATION CENTER,LLC	NILES				9
10	JOEY ABRAMCHIK	2.488%	ROCK ISLAND NURSING & REHAB CENTER,LLC	ROCK ISLAND				10
11	JULIANA R. BARRISH TRUST DTD 1/26/93	12.998%	WILSON CARE, INC.	CHICAGO				11
12	KATHRYN VALES TRUST	2.985%	APPLEWOOD REHAB CENTER, LLC	MATTESON				12
13	KIMBERLY RICHMAN TRUST	2.985%						13
14	LORI BARRISH	0.995%						14
15	LOUISE BERGTHOLD	5.970%						15
16	MELISSA ROTHNER TRUST	2.985%						16
17	MICHAEL R GIANNINI TRUST DTD 3/13/00	17.973%						17
18	RACHEL ROTHNER TRUST	2.985%						18
19	THOMAS WINTER	2.736%						19
20	WILLIAM ROTHNER TRUST	2.985%						20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

**VII. RELATED PARTIES**

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number

Maplewood Care

# 0040428

Report Period Beginning:

01/01/11

Ending:

12/31/11

## 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	Bryan Barrish	Relative	Administrative	12.99%	See Attached	3.25	7.22%	Alloc. Salary	\$ 16,263	17-7	1
2	Michael Giannini	Relative	Administrative	17.97%	See Attached	2.85	7.13%	Alloc. Salary	13,580	17-7	2
3	Nenita Guzman	Relative	Dietary	0.00%	See Attached	4.07	8.14%	Alloc. Salary	7,433	1-7	3
4	Louise Bergthold	Shareholder	Administrative	5.97%	See Attached	0.98	1.63%	Alloc. Salary	3,417	17-7	4
5	Tom Winter	Shareholder	Administrative	2.74%	See Attached	4.88	8.13%	Alloc. Salary	16,263	17-7	5
6	Jeff Oravec	Shareholder	Administrative	0.50%	See Attached	3.25	8.13%	Alloc. Salary	10,843	17-7	6
7	Joey Abramchik	Shareholder	Administrative	2.49%	See Attached	3.66	8.13%	Alloc. Salary	15,369	17-7	7
8	Elka Abramchick	Relative	Clerical	0.00%	See Attached	2.6	8.13%	Alloc. Salary	3,225	21-7	8
9	Kirsten Barrish	Relative	Clerical	0.00%	See Attached	3.25	8.13%	Alloc. Salary	3,661	21-7	9
10	Sarah Barrish	Relative	Administrative	0.00%	See Attached	4.07	8.14%	Alloc. Salary	9,737	17-7	10
11	G. Matt Silvers	Relative	Administrative	0.00%	See Attached	0.54	1.35%	Alloc. Salary	2,109	17-7	11
12	See second page 7 for the detail of the additional owner and related compensation										12
13								TOTAL	\$ 101,900		13

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maplewood Care

# 0040428

Report Period Beginning:

01/01/11

Ending: 12/31/11

**VIII. ALLOCATION OF INDIRECT COSTS**

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

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

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

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					\$	\$		\$	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	<b>TOTALS</b>				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maplewood Care

# 0040428

Report Period Beginning:

01/01/11

Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization S.I.R. MANAGEMENT, INC.  
 Street Address 6840 N. LINCOLN  
 City / State / Zip Code LINCOLNWOOD, IL. 60712  
 Phone Number ( 847) 675 -7979  
 Fax Number ( 847) 675 -0555

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	6	REPAIRS AND MAINT.	PATIENT DAYS	837,569	13	\$ 133,007	\$ 59,965	68,108	\$ 10,816	1
2	7	EMP. BEN.-GEN. SERV.	PATIENT DAYS	837,569	13	10,563		68,108	859	2
3	10	NURSING	PATIENT DAYS	837,569	13	194,733	194,733	68,108	15,835	3
4	15	EMP. BEN.-H.C.	PATIENT DAYS	837,569	13	33,459		68,108	2,721	4
5	19	PROFESSIONAL FEES	PATIENT DAYS	837,569	13	159,360	132,109	68,108	12,959	5
6	20	FEES,SUBSCRIPTIONS	PATIENT DAYS	837,569	13	14,549		68,108	1,183	6
7	21	CLERICAL & GENERAL	PATIENT DAYS	837,569	13	655,215	586,698	68,108	53,280	7
8	24	EDUCATION & SEMINAR	PATIENT DAYS	837,569	13	8,688		68,108	706	8
9	25	OTHER ADMIN. STAFF TRANS	PATIENT DAYS	837,569	13	119,765		68,108	9,739	9
10	26	INSURANCE	PATIENT DAYS	837,569	13	18,080		68,108	1,470	10
11	27	EMP. BEN.-GEN. ADMIN.	PATIENT DAYS	837,569	13	57,453		68,108	4,672	11
12	32	INTEREST	PATIENT DAYS	837,569	13	(109,444)		68,108	(8,900)	12
13	35	EQUIPMENT RENTAL	PATIENT DAYS	837,569	13	87,163		68,108	7,088	13
14										14
15	17	ADMINISTRATIVE	PATIENT DAYS	837,569	13	333,346	333,346	68,108	27,106	15
16	19	PROFESSIONAL FEES	PATIENT DAYS	837,569	13	23,941		68,108	1,947	16
17	21	CLERICAL & GENERAL	PATIENT DAYS	837,569	13	1,231,079	1,128,775	68,108	100,107	17
18	27	EMP. BEN.-GEN. ADMIN.	PATIENT DAYS	837,569	13	256,807		68,108	20,883	18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 3,227,764	\$ 2,435,627		\$ 262,471	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maplewood Care

# 0040428

Report Period Beginning:

01/01/11

Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization S.I.R. MANAGEMENT, INC.  
 Street Address 6840 N. LINCOLN  
 City / State / Zip Code LINCOLNWOOD, IL. 60712  
 Phone Number ( 847) 675 -7979  
 Fax Number ( 847) 675 -0555

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	1	DIETARY SALARIES	PATIENT DAYS	837,569	13	\$ 91,408	\$ 91,408	68,108	\$ 7,433	1
2	7	EMP. BEN.-DIETARY	PATIENT DAYS	837,569	13	15,892		68,108	1,292	2
3	10	NURSING SALARIES	PATIENT DAYS	837,569	13	95,082	95,082	68,108	7,732	3
4	15	EMP. BEN.-NURSING	PATIENT DAYS	837,569	13	16,460		68,108	1,338	4
5	17	ADMIN./LEGAL SALARIES	PATIENT DAYS	837,569	13	971,606	971,606	68,108	79,007	5
6	19	FIN. CONSULT./REGL. DIR.	PATIENT DAYS	837,569	13	189,000		68,108	15,369	6
7	27	EMP. BEN.-ADMINISTRATIVE	PATIENT DAYS	837,569	13	219,385		68,108	17,840	7
8										8
9										9
10	10A	DIRECTOR OF SPECIAL REHA	SPECIAL REHAB INC.	315,820	13	123,146	123,146	24,360	9,499	10
11	15	EMPLOYEE BENEFITS	SPECIAL REHAB INC.	315,820	13	20,802		24,360	1,605	11
12										12
13	6	MAINTENANCE SALARIES	MAINTENANCE INC.	367,402	13	344,256	344,256	28,842	27,025	13
14	7	EMPLOYEE BENEFITS	MAINTENANCE INC.	367,402	13	69,007		28,842	5,417	14
15										15
16	5	UTILITIES	ALLOCATED SQ FT	12,880	13	32,378		1,047	2,632	16
17	6	REPAIRS AND MAINT.	ALLOCATED SQ FT	12,880	13	13,246		1,047	1,077	17
18	19	PROFESSIONAL FEES	ALLOCATED SQ FT	12,880	13	705		1,047	57	18
19	21	CLERICAL & GENERAL	ALLOCATED SQ FT	12,880	13	899		1,047	73	19
20	26	INSURANCE	ALLOCATED SQ FT	12,880	13	1,527		1,047	124	20
21	30	DEPRECIATION	ALLOCATED SQ FT	12,880	13	103,394		1,047	8,405	21
22	32	INTEREST	ALLOCATED SQ FT	12,880	13	89,152		1,047	7,247	22
23	33	REAL ESTATE TAXES	ALLOCATED SQ FT	12,880	13	81,334		1,047	6,611	23
24	19	PROFESSIONAL FEES (RE TAX	ALLOCATED SQ FT	12,880	13	11,747		1,047	955	24
25	TOTALS					\$ 2,490,426	\$ 1,625,498		\$ 200,737	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maplewood Care

# 0040428

Report Period Beginning:

01/01/11

Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization Xcel Supply, LLC  
 Street Address 2201 Main Street  
 City / State / Zip Code Evanston, IL 60202  
 Phone Number ( 847)328-7600  
 Fax Number ( 847)328-7615

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	1	Dietary	Direct Allocation		\$	\$		\$	1
2	3	Housekeeping	Direct Allocation					27,176	2
3	4	Laundry	Direct Allocation					10,312	3
4	6	Repairs & Maintenance	Direct Allocation						4
5	10	Nursing	Direct Allocation					120,480	5
6	11	Activities	Direct Allocation						6
7	21	Office And Clerical	Direct Allocation						7
8	22	Employee Benefits	Direct Allocation						8
9	30	Fixed Assets-Depreciation	Direct Allocation						9
10	39	Ancillary	Direct Allocation						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	TOTALS				\$	\$		\$	157,968

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maplewood Care

# 0040428

Report Period Beginning:

01/01/11

Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization CCS Employee Benefits Group, Inc.  
 Street Address 2201 Main Street  
 City / State / Zip Code Evanston, Illinois 60202  
 Phone Number ( 847)905-4000  
 Fax Number ( 847)905-4040

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	22	Employee Health Insurance	Direct Allocation		\$	\$		\$ 111,934	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	TOTALS				\$	\$		\$ 111,934	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maplewood Care

# 0040428

Report Period Beginning:

01/01/11

Ending: 12/31/11

**VIII. ALLOCATION OF INDIRECT COSTS**

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

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

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

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					\$	\$		\$	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	<b>TOTALS</b>				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maplewood Care

# 0040428

Report Period Beginning:

01/01/11

Ending: 12/31/11

**VIII. ALLOCATION OF INDIRECT COSTS**

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

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

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

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					\$	\$		\$	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	<b>TOTALS</b>				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maplewood Care

# 0040428

Report Period Beginning:

01/01/11

Ending: 12/31/11

**VIII. ALLOCATION OF INDIRECT COSTS**

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

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

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

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					\$	\$		\$	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	<b>TOTALS</b>				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maplewood Care

# 0040428 Report Period Beginning: 01/01/11 Ending: 12/31/11

**VIII. ALLOCATION OF INDIRECT COSTS**

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

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

Name of Related Organization \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

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					\$	\$		\$	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	<b>TOTALS</b>				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maplewood Care

# 0040428

Report Period Beginning:

01/01/11

Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

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					\$	\$		\$	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	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Maplewood Care

# 0040428

Report Period Beginning:

01/01/11

Ending:

12/31/11

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

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

	1	2		3	4	5	6		8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required				Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO										Original	Balance			
	<b>A. Directly Facility Related</b>																
	<b>Long-Term</b>																
1	Alloc.-Maplewood Care		X	Note Payable			\$	\$ 8,062,440			\$ 382,185	1					
2	Shareholder Loan	X						800,000				2					
3												3					
4												4					
5	See Supplemental Schedule											5					
	<b>Working Capital</b>																
6	Lake Forest Bank		X	Line of Credit				1,475,000			20,022	6					
7	Alloc. - SIR Management	X									7,247	7					
8	See Supplemental Schedule											8					
9	TOTAL Facility Related						\$	\$ 10,337,440			\$ 409,454	9					
	<b>B. Non-Facility Related*</b>																
10	Interest Income		X								(5,639)	10					
11	Bldg. Partnership Int. Income		X								(783)	11					
12	Alloc. - SIR Management	X									(8,900)	12					
13	See Supplemental Schedule											13					
14	TOTAL Non-Facility Related						\$	\$			\$ (15,322)	14					
15	TOTALS (line 9+line14)						\$	\$ 10,337,440			\$ 394,132	15					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V.      \$ None                      Line # N/A

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number

Maplewood Care

# 0040428

Report Period Beginning:

01/01/11

Ending:

12/31/11

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE - SUPPLEMENTAL SCHEDULE**

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1										1										
2										2										
3										3										
4										4										
5										5										
6										6										
7	<b>TOTAL Long-Term</b>									7										
<b>Working Capital</b>																				
8										8										
9										9										
10										10										
11										11										
12										12										
13										13										
14	<b>TOTAL Working Capital</b>									14										
<b>B. Non-Facility Related*</b>																				
15										15										
16										16										
17										17										
18										18										
19										19										
20	<b>TOTAL Non-Facility Related</b>									20										

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

(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

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

(See instructions.)





# 2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Maplewood Care COUNTY Kane

FACILITY IDPH LICENSE NUMBER 0040428

CONTACT PERSON REGARDING THIS REPORT \_\_\_\_\_

TELEPHONE ( ) \_\_\_\_\_ FAX #: ( ) \_\_\_\_\_

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2000 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 2000.

	(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.	_____	_____	\$ _____	\$ _____
2.	_____	_____	\$ _____	\$ _____
3.	_____	_____	\$ _____	\$ _____
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
<b>TOTALS</b>			\$ _____	\$ _____

**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 & 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 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

Facility Name & ID Number Maplewood Care

# 0040428

Report Period Beginning:

01/01/11

Ending:

12/31/11

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 36,780 B. General Construction Type: Exterior Brick Frame \_\_\_\_\_ 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: \_\_\_\_\_ 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_  
3. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: \_\_\_\_\_

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

**XI. OWNERSHIP COSTS:**

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>			\$ <u>517,253</u>	<u>1</u>
2					<u>2</u>
3	<b>TOTALS</b>			\$ <b>517,253</b>	<b>3</b>

SEE ACCOUNTANTS' COMPILATION REPORT

**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			1972	\$ 5,445,306	\$ 15,895	35	\$ 155,580	\$ 139,685	\$ 2,874,624
5									
6									
7									
8									
	<b>Improvement Type**</b>								
9	Various		1993	98,204		20	2,160	2,160	64,482
10	Various		1994	13,684		20	684	684	12,576
11	Various		1995	5,179		20	259	259	4,264
12	Various		1996	19,800		20	990	990	15,675
13	Various		1997	21,688		20	1,084	1,084	16,104
14	Various		1998	19,077		20	954	954	12,674
15	Various		1999	35,671		20	2,193	2,193	27,156
16	Various		2000	565,082		20	28,254	28,254	333,923
17	Various		2001	72,848		20	3,401	3,401	47,431
18	Various		2002	15,524		20	1,281	1,281	12,509
19	Various		2003	22,349		20	1,117	1,117	9,620
20	Various		2004	18,088		20	1,099	1,099	8,079
21	Various		2005	114,777		20	5,739	5,739	37,064
22	Various		2006	278,330		20	13,917	13,917	76,857
23	Various		2007	37,791		20	1,890	1,890	8,818
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

**XI. OWNERSHIP COSTS (continued)**

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70								70
Related Building Company (Pages 12F & 12G)								
Related Party Allocations (Pages 12H & 12I)		133,779	3,825		5,445	1,620	63,931	
Financial Statement Depreciation			90,528			(90,528)		
<b>TOTAL (lines 4 thru 69)</b>		<b>\$ 6,917,177</b>	<b>\$ 110,248</b>		<b>\$ 226,048</b>	<b>\$ 115,800</b>	<b>\$ 3,625,786</b>	

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Maplewood Care# 0040428

Report Period Beginning:

01/01/11

Ending:

12/31/11**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	<b>Totals from Page 12A, Carried Forward</b>		\$ 6,917,177	\$ 110,248		\$ 226,048	\$ 115,800	\$ 3,625,786	1
2	Elevator Work	2008	8,500		20	425	425	1,665	2
3	Plumbing Work	2008	13,948		20	358	358	1,356	3
4	Paving	2008	58,878		20	3,925	3,925	14,392	4
5	Water Heater	2008	7,918		20	792	792	2,903	5
6	Elevator Work	2008	3,060		20	153	153	523	6
7	Window Treatments	2008	12,623		20	2,525	2,525	8,415	7
8	Bathrooms- Plumbing, Walls, Tiles, Electrical, New Fixtures	2008	26,200		20	2,620	2,620	8,733	8
9	Isolation Valves / Internal Shower Valves	2008	2,713		20	136	136	520	9
10	Hvac Work	2008	14,200		20	1,420	1,420	4,497	10
11	Bathrooms- Plumbing, Walls, Tiles, Electrical, New Fixtures	2009	27,600		20	1,380	1,380	4,140	11
12	Pavers	2009	14,800		20	740	740	1,603	12
13	Hvac Compressor & Contactor	2009	2,873		20	144	144	371	13
14	Hvac Compressor	2009	2,831		20	142	142	366	14
15	Master Key System	2009	2,915		20	146	146	364	15
16	Hvac Compressor	2009	3,430		20	172	172	414	16
17	Heat Exchanger	2009	2,978		20	149	149	335	17
18	Rooftop Hvac Units	2009	20,370		20	2,037	2,037	3,395	18
19	Camera	2010	6,230		20	1,246	1,246	1,973	19
20	Window Treatments	2010	9,999		20	2,000	2,000	3,000	20
21	Nurse Stations	2010	44,761		20	8,952	8,952	14,174	21
22	Replace Door	2010	2,745		20	137	137	229	22
23	Compressor Repair	2010	3,129		20	156	156	235	23
24	Compressor Repair	2010	2,860		20	143	143	226	24
25	Hallway Room Signs	2011	6,855		20	400	400	400	25
26	Elevator Hydraulic Pump	2011	9,082		20	265	265	265	26
27	Elevator Interior Work	2011	10,070		20	336	336	336	27
28	Flooring & Wall-Base	2011	5,752		20	144	144	144	28
29	Ceiling Grid	2011	34,930		20	1,019	1,019	1,019	29
30	Wallcoverings	2011	3,616		20	422	422	422	30
31	Window Treatments	2011	14,156		20	354	354	354	31
32	Water Heater	2011	4,306		20	90	90	90	32
33	Handrails, Crashrails, Corner Guards	2011	76,093		20	951	951	951	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,377,598	\$ 110,248		\$ 259,924	\$ 149,676	\$ 3,703,596	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

**XI. OWNERSHIP COSTS (continued)**

**B. Building 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	<b>Totals from Page 12B, Carried Forward</b>		\$ 7,377,598	\$ 110,248		\$ 259,924	\$ 149,676	\$ 3,703,596	1
2	Hvac Rooftop Unit	2011	20,964		20	349	349	349	2
3	Painting	2011	51,280		20	427	427	427	3
4	Wallpaper	2011	83,106		20	1,385	1,385	1,385	4
5	Elevator Hydraulic Pump	2011	9,082		20	1,060	1,060	1,060	5
6	Flooring, Wallbase, Wallcoverings	2011	56,318		20	1,643	1,643	1,643	6
7	Wallcoverings	2011	4,314		20	108	108	108	7
8	Painting	2011	5,675		20	213	213	213	8
9	Landscaping Plants And Bark	2011	2,866		20	143	143	143	9
10	Landscaping, Green Boxwood, Black Eyed Susan, Campanula Wh	2011	7,954		20	398	398	398	10
11	Heat Exchanger #9	2011	2,817		20	141	141	141	11
12	Heat Exchanger #8 Replacement	2011	2,991		20	150	150	150	12
13	Partial Blower Replacement 400 Wing	2011	2,559		20	128	128	128	13
14	New Corner Guards	2011	4,301		20	215	215	215	14
15	Heating And Cooling Unit Repair	2011	2,659		20	133	133	133	15
16	Domestic Hot Water System	2011	3,328		20	166	166	166	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,637,812	\$ 110,248		\$ 266,582	\$ 156,334	\$ 3,710,254	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

**XI. OWNERSHIP COSTS (continued)**

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 7,637,812	\$ 110,248		\$ 266,582	\$ 156,334	\$ 3,710,254	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	TOTAL (lines 1 thru 33)	\$ 7,637,812	\$ 110,248		\$ 266,582	\$ 156,334	\$ 3,710,254	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

**XI. OWNERSHIP COSTS (continued)**

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 7,637,812	\$ 110,248		\$ 266,582	\$ 156,334	\$ 3,710,254	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	TOTAL (lines 1 thru 33)	\$ 7,637,812	\$ 110,248		\$ 266,582	\$ 156,334	\$ 3,710,254	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

**XI. OWNERSHIP COSTS (continued)**

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

1	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
1 <b>Building Company Information</b>							
2 <b>Buildings:</b>							
3							
4							
5							
6							
7							
8 <b>Leasehold Improvements:</b>							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							

SEE ACCOUNTANTS' COMPILATION REPORT

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

**XI. OWNERSHIP COSTS (continued)**

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$	\$		\$	\$	\$	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	<b>TOTAL (12F &amp; 12G lines 1 thru 33)</b>	\$	\$		\$	\$	\$	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number Maplewood Care

# 0040428

Report Period Beginning:

01/01/11

Ending:

12/31/11

## 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	<b>Related Party Information</b>		\$	\$		\$	\$	\$	1
2	<b>Buildings:</b>								2
3	<u>S.I.R. Properties- S.I.R. Management- Allocation</u>	1993	36,797	1,168	35	1,051	(117)	18,398	3
4									4
5									5
6									6
7									7
8	<b>Leasehold Improvements:</b>								8
9	<u>S.I.R. Properties- S.I.R. Management- Allocation</u>	2010	2,220		20	111	111	148	9
10	<u>S.I.R. Properties- S.I.R. Management- Allocation</u>	2009	2,209	193	20	110	(83)	309	10
11	<u>S.I.R. Properties- S.I.R. Management- Allocation</u>	2007	644	53	20	32	(21)	161	11
12	<u>S.I.R. Properties- S.I.R. Management- Allocation</u>	2002	146		20	7	7	70	12
13	<u>S.I.R. Properties- S.I.R. Management- Allocation</u>	1999	4,663		20	233	233	2,914	13
14	<u>S.I.R. Properties- S.I.R. Management- Allocation</u>	1998	2,228		20	111	111	1,504	14
15	<u>S.I.R. Properties- S.I.R. Management- Allocation</u>	1997	139		20	7	7	108	15
16	<u>S.I.R. Properties- S.I.R. Management- Allocation</u>	1994	350	9	20	18	9	306	16
17	<u>S.I.R. Properties- S.I.R. Management- Allocation</u>	1993	597	3	20	30	27	552	17
18									18
19	<u>S.I.R. Management- Allocation</u>	1993	9,329	260	20	463	203	8,787	19
20	<u>S.I.R. Management- Allocation</u>	1994	29		20			29	20
21	<u>S.I.R. Management- Allocation</u>	1995	213		20	11	11	175	21
22	<u>S.I.R. Management- Allocation</u>	1997	14,335	321	20	703	382	10,601	22
23	<u>S.I.R. Management- Allocation</u>	1999	1,127		20	56	56	690	23
24	<u>S.I.R. Management- Allocation</u>	1999	11,357		20			11,357	24
25	<u>S.I.R. Management- Allocation</u>	2000	1,331		20	66	66	768	25
26	<u>S.I.R. Management- Allocation</u>	2007	4,276	394	20	214	(180)	897	26
27	<u>S.I.R. Management- Allocation</u>	2008	11,784	1,126	20	743	(383)	2,856	27
28	<u>S.I.R. Management- Allocation</u>	2009	29,281	268	20	1,464	1,196	3,286	28
29	<u>S.I.R. Management- Allocation</u>	2011	724	30	20	15	(15)	15	29
30									30
31									31
32									32
33									33
34									34

SEE ACCOUNTANTS' COMPILATION REPORT

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

**XI. OWNERSHIP COSTS (continued)**

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

1	3	4	5	6	7	8	9		
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1								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	<b>TOTAL (12H &amp; 12I lines 1 thru 33)</b>		\$ 133,779	\$ 3,825		\$ 5,445	\$ 1,620	\$ 63,931	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Maplewood Care

# 0040428

Report Period Beginning:

01/01/11

Ending:

12/31/11

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	\$ 361,125	\$ 4,218	\$ 49,061	\$ 44,843	10	\$ 561,845	71
72	Current Year Purchases	180,061	9	5,172	5,163	10	5,172	72
73	Fully Depreciated Assets	646,074		18	18	10	646,074	73
74								74
75	TOTALS	\$ 1,187,260	\$ 4,227	\$ 54,250	\$ 50,023		\$ 1,213,091	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		Allocated from SIR Management	2011	\$ 2,858	\$ 352	\$ 404	\$ 52	5	\$ 566	76
77										77
78										78
79										79
80	TOTALS			\$ 2,858	\$ 352	\$ 404	\$ 52		\$ 566	80

E. Summary of Care-Related Assets

	1	2		
	Reference	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)	\$ 9,345,183	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 114,827	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 321,236	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 206,409	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,923,911	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					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	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								6
7	TOTAL				\$			7

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

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

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_ \*

**B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)**

15. Is Movable equipment rental included in building rental?

YES  NO

16. Rental Amount for movable equipment: \$ 11,648 Description: See Attached Schedule

(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					19
20					20
21	TOTAL		\$	\$	21

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

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

Fiscal Year Ending Annual Rent

12. \_\_\_\_\_ /2012 \$ \_\_\_\_\_

13. \_\_\_\_\_ /2013 \$ \_\_\_\_\_

14. \_\_\_\_\_ /2014 \$ \_\_\_\_\_

\* If there is an option to buy the building, please provide complete details on attached schedule.

\*\* This amount plus any amortization of lease expense must agree with page 4, line 34.

**XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)**

**A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)**

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input 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. <u>CLASSROOM PORTION:</u></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. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

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

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

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

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

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

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

	Service	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	39 - 03	hrs	\$		\$	111,436	\$		\$	111,436	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs				111,067				111,067	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39 - 03	hrs				148,586				148,586	4
5	Physician Care		visits									5
6	Dental Care		visits									6
7	Work Related Program		hrs									7
8	Habilitation		hrs									8
9	Pharmacy	39 - 02	# of prescrpts					129,300			129,300	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify): _____											12
13	Other (specify): <u>See Supplemental</u>						10,717	23,576			34,293	13
14	<b>TOTAL</b>			\$		\$	381,806	\$	152,876	\$	534,682	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maplewood Care# 0040428Report Period Beginning: 01/01/11Ending: 12/31/11

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/11

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 71,161	\$ 95,941	1
2	Cash-Patient Deposits	117,950	117,950	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	2,520,333	2,520,333	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	60,588	60,588	6
7	Other Prepaid Expenses	101,826	1,826	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Attached Schedule</u>		30,427	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 2,871,858	\$ 2,827,065	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		517,253	13
14	Buildings, at Historical Cost		2,518,622	14
15	Leasehold Improvements, at Historical Cost	1,480,410	1,480,410	15
16	Equipment, at Historical Cost	1,423,620	2,032,620	16
17	Accumulated Depreciation (book methods)	(1,365,242)	(4,150,466)	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):			22
23	Other(specify): <u>See Attached Schedule</u>	115,449	115,449	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 1,654,237	\$ 2,513,888	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 4,526,095	\$ 5,340,953	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 672,900	\$ 856,924	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	59,034	59,034	28
29	Short-Term Notes Payable	1,475,000	1,475,000	29
30	Accrued Salaries Payable	332,125	332,125	30
31	Accrued Taxes Payable (excluding real estate taxes)	44,233	44,233	31
32	Accrued Real Estate Taxes(Sch.IX-B)		111,500	32
33	Accrued Interest Payable		29,127	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>See Attached Schedule</u>	80,552	80,552	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 2,663,844	\$ 2,988,495	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable		8,862,440	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<u>See Attached Schedule</u>			43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$ 8,862,440	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 2,663,844	\$ 11,850,935	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 1,862,251	\$ (6,509,982)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 4,526,095	\$ 5,340,953	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1 Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>1,539,608</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>1,539,608</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>563,843</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	<b>(241,200)</b>	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>322,643</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>1,862,251</b>	<b>24</b> *

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maplewood Care# 0040428Report Period Beginning: 01/01/11Ending: 12/31/11

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

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

		1	
Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 9,365,258	1
2	Discounts and Allowances for all Levels	(1,336,442)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 8,028,816</b>	<b>3</b>
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,380,410	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 1,380,410</b>	<b>8</b>
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	110,803	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	11,440	19
20	Radiology and X-Ray	5,373	20
21	Other Medical Services	8,261	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 135,877</b>	<b>23</b>
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	5,639	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 5,639</b>	<b>26</b>
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See Supplemental Schedule</u>	41,135	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	<b>\$ 41,135</b>	<b>29</b>
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 9,591,877</b>	<b>30</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,606,642	31
32	Health Care	3,372,794	32
33	General Administration	2,100,663	33
<b>B. Capital Expense</b>			
34	Ownership	1,040,110	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	534,682	35
36	Provider Participation Fee	373,143	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	<b>\$ 9,028,034</b>	<b>40</b>
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>563,843</b>	<b>41</b>
42	<b>Income Taxes</b>		<b>42</b>
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ 563,843</b>	<b>43</b>

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

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? Not Complete 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. SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Maplewood Care**

# **0040428**

Report Period Beginning:

**01/01/11**

Ending:

**12/31/11**

**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	2,705	2,847	\$ 114,273	\$ 40.14	1
2	Assistant Director of Nursing	1,803	1,900	63,053	33.19	2
3	Registered Nurses	19,731	20,770	646,970	31.15	3
4	Licensed Practical Nurses	12,914	13,593	329,364	24.23	4
5	CNAs & Orderlies	71,207	74,955	913,700	12.19	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	7,613	8,014	157,792	19.69	8
9	Activity Director	1,989	2,094	35,004	16.72	9
10	Activity Assistants	7,344	7,731	82,335	10.65	10
11	Social Service Workers	17,153	18,056	226,961	12.57	11
12	Dietician					12
13	Food Service Supervisor	1,991	2,096	37,996	18.13	13
14	Head Cook	7,452	7,844	83,543	10.65	14
15	Cook Helpers/Assistants	16,567	17,439	160,089	9.18	15
16	Dishwashers					16
17	Maintenance Workers	3,424	3,604	45,119	12.52	17
18	Housekeepers	26,693	28,098	263,843	9.39	18
19	Laundry	7,413	7,803	67,574	8.66	19
20	Administrator	1,970	2,074	89,743	43.27	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	18,837	19,829	248,654	12.54	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	5,157	5,428	157,253	28.97	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	2,161	2,161	8,904	4.12	33
34	TOTAL (lines 1 - 33)	234,124	246,336	\$ 3,732,170 *	\$ 15.15	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	Monthly	\$ 18,048	01-03	35
36	Medical Director	Monthly	7,200	09-03	36
37	Medical Records Consultant	Monthly	4,592	10-03	37
38	Nurse Consultant	Monthly	48,720	10-03	38
39	Pharmacist Consultant	213	12,898	10-03	39
40	Physical Therapy Consultant	Monthly	32,575	10a-03	40
41	Occupational Therapy Consultant	Monthly	5,458	10a-03	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	264	11,637	10a-03	43
44	Activity Consultant	Monthly	2,448	11-03	44
45	Social Service Consultant	Monthly	6,300	12-03	45
46	Other(specify)				46
47	Psychiatric Director	Monthly	7,200	12-03	47
48	Food Service Director	Monthly	24,360	1-3	48
49	TOTAL (lines 35 - 48)	477	\$ 181,436		49

**C. CONTRACT NURSES**

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	3,490	\$ 153,877	10-03	50
51	Licensed Practical Nurses	3,262	132,011	10-03	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	6,752	\$ 285,888		53

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maplewood Care

# 0040428

Report Period Beginning: 01/01/11

Ending: 12/31/11

**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		
Jamie Lloyd	Administrator	0.00%	\$ 89,743	Workers' Compensation Insurance	\$ 88,512	IDPH License Fee	\$ 1,990		
				Unemployment Compensation Insurance	61,965	Advertising: Employee Recruitment	2,884		
				FICA Taxes	278,057	Health Care Worker Background Check			
				Employee Health Insurance	60,081	(Indicate # of checks performed <u>130</u> )	4,048		
				Employee Meals	33,803	Patient Background Checks			
				Illinois Municipal Retirement Fund (IMRF)*		Advertising and Promotion	23,467		
				401K Matching	5,725	Dues and Subscriptions	18,168		
				Other Employee Benefits	9,085	License & Permits	2,589		
						Allocated from S.I.R. Management	1,183		
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 89,743			Less: Public Relations Expense	(4,738)		
						Non-allowable advertising	(12,235)		
						Yellow page advertising	(11,232)		
B. Administrative - Other						TOTAL (agree to Sch. V, line 20, col. 8)			
Description			Amount	TOTAL (agree to Schedule V, line 22, col.8)			\$ 26,124		
SIR Management- Consulting Fees			\$ 445,613						
SIR Management- Director of Administrative Services			48,720						
SIR Management- Ancillary Administrative Charges			48,720						
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 543,053	E. Schedule of Non-Cash Compensation Paid to Owners or Employees					
C. Professional Services				Description	Line #	Amount	G. Schedule of Travel and Seminar**		
Vendor/Payee	Type	Amount					Description	Amount	
See Attached	Legal	\$ 45,842					Out-of-State Travel	\$	
SIR Management	Dir. Of Regulatory Services	24,360							
SIR Management	Accounting Fees	36,000							
Frost, Ruttenberg, & Rothblatt	Accounting Fees	19,789					In-State Travel		
SIR Management	Bookkeeping Fees	90,132							
Personnel Planners	Unemployment Tax Consult	2,111							
HDSI	Software Services	498					Seminar Expense	7,730	
MNS	Software Services	1,000					Allocated from S.I.R. Management	706	
Compliance Team	Code Consult.	769							
MDI	Software Services	1,037							
Honkamp Krueger & Co.	Tax Credit Consult	360					Entertainment Expense	( )	
See Supplemental Schedule		10,508					(agree to Sch. V, line 24, col. 8)		
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 232,405	TOTAL			\$	TOTAL	\$ 8,436

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

\*\*See instructions.

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maplewood Care# 0040428

Report Period Beginning:

01/01/11

Ending:

12/31/11**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. ICLTC \$17,270
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 10 years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 2,561 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? X YES        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. \$ 373,143  
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. \$ 33,803 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (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? N/A
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
- g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A**
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes  
Attach invoices and a summary of services for all architect and appraisal fees.

**SEE ACCOUNTANTS' COMPILATION REPORT**