

Facility Name & ID Number Maple Lawn Health Ctr

0042424 Report Period Beginning: 1/1/2012 Ending: 12/31/12

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	89	Skilled (SNF)	89	32,574	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5	18	Sheltered Care (SC)	18	6,588	5
6		ICF/DD 16 or Less			6
7	107	TOTALS	107	39,162	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5
		3 Medicaid Recipient	4 Private Pay	Other	Total	
8	SNF	14,617	10,442	2,614	27,673	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC		3,304		3,304	12
13	DD 16 OR LESS					13
14	TOTALS	14,617	13,746	2,614	30,977	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 79.10%

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

0 (Do not include bed-hold days in Section B.)

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

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

None

F. Does the facility maintain a daily midnight census? Yes

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

YES NO Non-allowable costs have been eliminated in Schedule V, Column 7

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

YES NO

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

Date started 1922

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

YES Date 1922 NO

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

YES NO If YES, enter number of beds certified 89 and days of care provided 2,614

Medicare Intermediary Wisconsin Physicians Service Insurance Corporation

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

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

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

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	313,332	24,369		337,701		337,701		337,701		1
2	Food Purchase		337,899		337,899		337,899	(114,835)	223,064		2
3	Housekeeping	181,514	30,941		212,455		212,455	317	212,772		3
4	Laundry	17,619			17,619		17,619		17,619		4
5	Heat and Other Utilities			108,090	108,090		108,090	7,138	115,228		5
6	Maintenance	75,818	11,916	49,520	137,254		137,254	1,303	138,557		6
7	Other (specify):* Waste Removal			11,953	11,953		11,953	1,523	13,476		7
8	TOTAL General Services	588,283	405,125	169,563	1,162,971		1,162,971	(104,554)	1,058,417		8
	B. Health Care and Programs										
9	Medical Director			13,000	13,000		13,000		13,000		9
10	Nursing and Medical Records	1,690,525	109,569	132,190	1,932,284		1,932,284		1,932,284		10
10a	Therapy	33,870	1,825	224,532	260,227		260,227		260,227		10a
11	Activities	96,029	6,805	1,355	104,189		104,189	(2,820)	101,369		11
12	Social Services	65,603	910	2,741	69,254		69,254	42,485	111,739		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	1,886,027	119,109	373,818	2,378,954		2,378,954	39,665	2,418,619		16
	C. General Administration										
17	Administrative	86,858		580,992	667,850		667,850	(490,831)	177,019		17
18	Directors Fees										18
19	Professional Services			89,393	89,393		89,393	9,309	98,702		19
20	Dues, Fees, Subscriptions & Promotions			29,203	29,203		29,203	14,652	43,855		20
21	Clerical & General Office Expenses	39,506	10,474	14,228	64,208		64,208	229,811	294,019		21
22	Employee Benefits & Payroll Taxes			596,395	596,395		596,395	88,484	684,879		22
23	Inservice Training & Education										23
24	Travel and Seminar			8,885	8,885		8,885	3,650	12,535		24
25	Other Admin. Staff Transportation		4,573	1,358	5,931		5,931	2,037	7,968		25
26	Insurance-Prop.Liab.Malpractice			84,201	84,201		84,201	6,869	91,070		26
27	Other (specify):*										27
28	TOTAL General Administration	126,364	15,047	1,404,655	1,546,066		1,546,066	(136,019)	1,410,047		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,600,674	539,281	1,948,036	5,087,991		5,087,991	(200,908)	4,887,083		29

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

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

Facility Name & ID Number Maple Lawn Health Ctr

#0042424

Report Period Beginning:

1/1/2012

Ending:

12/31/12

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			209,633	209,633		209,633	20,756	230,389			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			184,612	184,612		184,612	(359)	184,253			32
33	Real Estate Taxes			20,564	20,564		20,564	7,183	27,747			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			414,809	414,809		414,809	27,580	442,389			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		70,099		70,099		70,099		70,099			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			322,073	322,073		322,073		322,073			42
43	Other (specify):* Non-allowable Costs		161	56,439	56,600		56,600	(56,600)				43
44	TOTAL Special Cost Centers		70,260	378,512	448,772		448,772	(56,600)	392,172			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,600,674	609,541	2,741,357	5,951,572		5,951,572	(229,928)	5,721,644			45

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

Facility Name & ID Number Maple Lawn Health Ctr

0042424

Report Period Beginning: 1/1/2012

Ending: 12/31/12

VI. ADJUSTMENT DETAIL

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(12,463)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(6,310)	30		9
10	Interest and Other Investment Income	(359)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				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	(480)	43		17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(3,192)	43		24
25	Fund Raising, Advertising and Promotional	(26,492)	43		25
	Income Taxes and Illinois Personal				
26	Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Page 5A	(140,152)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (189,448)		\$	30

BHF USE ONLY						
48		49		50		51
						52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
	Amortization of Organization &			
33	Pre-Operating Expense			33
	Adjustments for Related Organization			
34	Costs (Schedule VII)	(40,480)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (40,480)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (229,928)		37

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

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

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

Maple Lawn Health Ctr

ID# 0042424

Report Period Beginning: 1/1/2012

Ending: 12/31/12

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Disallow Laboratory	\$ (13,898)	43	1
2	Disallow Flowers	(50)	43	2
3	Offset vending income and meal income	(114,835)	2	3
4	Offset cable TV revenue	(25)	43	4
5	Offset Miscellaneous income	(6,042)	21	5
6	Offset Transportation income	(2,820)	11	6
7	Nonallowable dues	(2,482)	20	7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total		(140,152)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Maple Lawn Health Ctr# 0042424

Report Period Beginning:

1/1/2012

Ending:

12/31/12

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(114,835)	0	0	0	0	0	0	0	0	0	0	(114,835)	2
3	Housekeeping	0	317	0	0	0	0	0	0	0	0	0	317	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	7,138	0	0	0	0	0	0	0	0	0	7,138	5
6	Maintenance	0	1,303	0	0	0	0	0	0	0	0	0	1,303	6
7	Other (specify):*	0	1,523	0	0	0	0	0	0	0	0	0	1,523	7
8	TOTAL General Services	(114,835)	10,281	0	(104,554)	8								
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(2,820)	0	0	0	0	0	0	0	0	0	0	(2,820)	11
12	Social Services	0	42,485	0	0	0	0	0	0	0	0	0	42,485	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(2,820)	42,485	0	39,665	16								
	C. General Administration													
17	Administrative	0	(490,831)	0	0	0	0	0	0	0	0	0	(490,831)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	9,309	0	0	0	0	0	0	0	0	0	9,309	19
20	Fees, Subscriptions & Promotions	(2,482)	17,134	0	0	0	0	0	0	0	0	0	14,652	20
21	Clerical & General Office Expenses	(6,042)	235,853	0	0	0	0	0	0	0	0	0	229,811	21
22	Employee Benefits & Payroll Taxes	0	88,484	0	0	0	0	0	0	0	0	0	88,484	22
23	Inservice Training & Education	0	3,650	0	0	0	0	0	0	0	0	0	3,650	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	2,037	0	0	0	0	0	0	0	0	0	2,037	25
26	Insurance-Prop.Liab.Malpractice	0	6,869	0	0	0	0	0	0	0	0	0	6,869	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(8,524)	(127,495)	0	(136,019)	28								
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(126,179)	(74,729)	0	(200,908)	29								

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Maple Lawn Health Ctr# 0042424

Report Period Beginning:

1/1/2012 Ending:

12/31/12

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(6,310)	0	27,066	0	0	0	0	0	0	0	0	20,756	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(359)	0	0	0	0	0	0	0	0	0	0	(359)	32
33	Real Estate Taxes	0	0	7,183	0	0	0	0	0	0	0	0	7,183	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(6,669)	0	34,249	0	27,580	37							
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(56,600)	0	0	0	0	0	0	0	0	0	0	(56,600)	43
44	TOTAL Special Cost Centers	(56,600)	0	0	0	0	0	0	0	0	0	0	(56,600)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(189,448)	(74,729)	34,249	0	0	0	0	0	0	0	0	(229,928)	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
Maple Lawn Homes, Inc.	100			Maple Lawn Apartments, Inc	Eureka	Ret. Housing
				Maple Lawn Total Living Care, Inc.	Eureka	Home Care

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

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

1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	3 Housekeeping	\$	Maple Lawn Homes, Inc.	100.00%	\$ 317	\$ 317	1
2	V	5 Heat & Other Utilities		Maple Lawn Homes, Inc.	100.00%	7,138	7,138	2
3	V	6 Maintenance		Maple Lawn Homes, Inc.	100.00%	1,303	1,303	3
4	V	7 Waste Removal		Maple Lawn Homes, Inc.	100.00%	1,523	1,523	4
5	V	12 Social Services		Maple Lawn Homes, Inc.	100.00%	42,485	42,485	5
6	V	17 Administrative	580,992	Maple Lawn Homes, Inc.	100.00%	90,161	(490,831)	6
7	V	19 Professional Services		Maple Lawn Homes, Inc.	100.00%	9,309	9,309	7
8	V	20 Fees, Subscriptions & Promotions		Maple Lawn Homes, Inc.	100.00%	17,134	17,134	8
9	V	21 Clerical & General Office		Maple Lawn Homes, Inc.	100.00%	235,853	235,853	9
10	V	22 Employee Benefits & Payroll		Maple Lawn Homes, Inc.	100.00%	88,484	88,484	10
11	V	23 Inservice Training & Education		Maple Lawn Homes, Inc.	100.00%	3,650	3,650	11
12	V	25 Other Admin Staff Transportation		Maple Lawn Homes, Inc.	100.00%	2,037	2,037	12
13	V	26 Insurance		Maple Lawn Homes, Inc.	100.00%	6,869	6,869	13
14	Total		\$ 580,992			\$ 506,263	\$ * (74,729)	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	30 Depreciation	\$	Maple Lawn Homes, Inc.		\$ 27,066	\$ 27,066	15
16	V	33 Real Estate Taxes		Maple Lawn Homes, Inc.		7,183	7,183	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	Total		\$			\$ 34,249	\$ * 34,249	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								1
2	Board of Directors:							2
3								3
4	Troy Teater	0						4
5	Dave Nuehauser - Vice Chair	0						5
6	Donald Litwiller - Chairman	0						6
7	Chuck Staley - Treasurer	0						7
8	Carol Springer	0						8
9	Leanne Schertz - Secretary	0						9
10	Lisa Jablonski	0						10
11	Alice Kennell	0						11
12	Joe Burns	0						12
13	Jeff Swartzentruber	0						13
14	Lindsay Churchman	0						14
15								15
16								16
17								17
18	Note: No Board Members received compensation from the facility.							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

Facility Name & ID Number Maple Lawn Health Ctr # 0042424 Report Period Beginning: 1/1/2012 Ending: 12/31/12

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									\$		1
2	N/A										2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		13

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

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

Facility Name & ID Number Maple Lawn Health Ctr

0042424

Report Period Beginning:

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Ending: 12/31/12

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Maple Lawn Homes, Inc.
 Street Address 700 North Main Street
 City / State / Zip Code Eureka, IL 61530
 Phone Number (309)467-2337
 Fax Number (309)467-9097

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	3	Housekeeping	Accumulated Cost	3	\$ 450		5,951,572	\$ 317	1
2	5	Heat & Other Utilities	Accumulated Cost	3	10,122		5,951,572	7,138	2
3	6	Maintenance	Accumulated Cost	3	1,847		5,951,572	1,303	3
4	7	Waste Removal	Accumulated Cost	3	2,159		5,951,572	1,523	4
5	12	Social Services	Accumulated Cost	3	60,243	60,083	5,951,572	42,485	5
6	17	Administrative	Accumulated Cost	3	127,847	116,173	5,951,572	90,161	6
7	19	Professional Services	Accumulated Cost	3	13,200		5,951,572	9,309	7
8	20	Fees, Subscriptions & Promotions	Accumulated Cost	3	24,296		5,951,572	17,134	8
9	21	Clerical & General Office	Accumulated Cost	3	334,437	289,582	5,951,572	235,853	9
10	22	Employee Benefits & Payroll	Accumulated Cost	3	125,470		5,951,572	88,484	10
11	23	Inservice Training & Education	Accumulated Cost	3	5,175		5,951,572	3,650	11
12	25	Other Admin Staff Transportatio	Accumulated Cost	3	2,888		5,951,572	2,037	12
13	26	Insurance	Accumulated Cost	3	9,740		5,951,572	6,869	13
14	30	Depreciation	Accumulated Cost	3	38,380		5,951,572	27,066	14
15	33	Real Estate Taxes	Accumulated Cost	3	10,185		5,951,572	7,183	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 766,439	\$ 465,838		\$ 540,512	25

Facility Name & ID Number

Maple Lawn Health Ctr

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IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2		3	4	5	6		8	9	10	11						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
A. Directly Facility Related																		
Long-Term																		
1	FHA Mortgage # 2		X	Building	\$6,300.00	1989	900,000	60,935	2014	0.0650	6,678	1						
2	FHA Mortgage # 5		X	Building	\$1,779.00	2004	400,000	302,342	2034	0.0413	13,623	2						
3	City of Eureka Bonds		X	Building	\$3,465.00	1989	455,000	41,568	2012	0.0712	1,605	3						
4	FHA Mortgage # 4		X	Building	\$5,500.00	2004	305,000	914,777	2034	0.0438	41,992	4						
5	Heartland Bank & Trust		X	Building	\$5,000.00	6/5/09	750,000	703,495	6/5/14	0.0625	33,366	5						
Working Capital																		
1																		
6	Heartland Bank & Trust		X	Line of credit	varies	2004	112,000	1,692,187	2008	0.0600	87,348	6						
7												7						
8												8						
9	TOTAL Facility Related				\$22,044.00		\$ 2,922,000	\$ 3,715,304			\$ 184,612	9						
B. Non-Facility Related*																		
10												10						
11												11						
12										Offset Interest Income	(359)	12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			\$ (359)	14						
15	TOTALS (line 9+line14)						\$ 2,922,000	\$ 3,715,304			\$ 184,253	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ N/A Line # _____

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

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

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

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

C. **Tax Bills**

Attach a copy of the original 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

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

Facility Name & ID Number Maple Lawn Health Ctr

0042424 Report Period Beginning:

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X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 42,837 B. General Construction Type: Exterior Brick Frame Brick & Steel Number of Stories Two

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).

Maple Lawn Homes, Inc. - Residential Housing, Administrative & General Services

Maple Lawn Apartments, Inc. - Retirement Housing

Maple Lawn Total Living Care, Inc. - Home Care

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>Health Center</u>	<u>85,000</u>	<u>1965</u>	<u>\$ 1,386</u>	1
2	<u>Health Center</u>	<u>39,000</u>	<u>1969</u>	<u>1,000</u>	2
3	TOTALS	124,000		\$ 2,386	3

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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	80	1965	1965	\$ 472,000	\$ 7,867	60	\$ 7,867	\$	\$ 376,948	4
5		1974	1974	20,378	408	50	408		15,647	5
6		1980	1980	750,017	16,667	45	16,667		548,285	6
7		1982	1982	7,703		20			7,703	7
8	38	1989	1989	1,459,363	32,430	45	32,430		762,109	8
Improvement Type**										
9	Landscaping		1982	1,155		20			1,155	9
10	Trees		1984	3,101		20			3,101	10
11	Landscaping - Front of HC		1992	1,100		10			1,100	11
12	Asphalt Repair		1993	4,058		10			4,058	12
13	Parking Lot Lighting & Asphalt		1995	3,810		10			3,810	13
14	ADU Enclosure		1995	4,305		10			4,305	14
15	Parking Blocks (20)		1996	654		10			654	15
16	Lower Level Renovation		1981	203,080		23			203,080	16
17	Lower Level Renovation		1982	35,963		22			35,963	17
18	Fixture Repairs & Refinish, Trellis		1983	12,213		10			12,213	18
19	Loading Dock		1985	1,642		20			1,642	19
20	Deck & Room Renovation		1992	3,641		10			3,641	20
21	Lobby Renovation & Central supply rm		1993	34,280		10			34,280	21
22	ADU Cabinets & Wallpaper		1994	2,141		10			2,141	22
23	Wallpaper, Carpet rm 702, Admin office		1995	2,822		8			2,822	23
24	Lobby Carpet,Kitchen ramp, rm renovate		1996	20,881		10			20,881	24
25	Walk in Freezer		1975	2,853		10			2,853	25
26	Sprinkler Installation		1976	11,240		20			11,240	26
27	Sprinkler Installation		1977	743		20			743	27
28	Generator		1980	9,500		20			9,500	28
29	Lighting, Flooring, Air Vent		1982	6,400		20			6,400	29
30	Exhaust Fan		1984	2,800		20			2,800	30
31	Entrance Load Control & Lighting		1985	14,608		10			14,608	31
32	Water Softner		1987	699		5			699	32
33	Alarm System		1989	5,473		15			5,473	33
34	Wander Guard,Door Alarms,Disposal,A/C		1990	12,492		8			12,492	34
35	A/C, Mgmt Sys, Curtains		1991	15,468		20			15,468	35
36	Water heater Tanks		1992	12,622		15			12,622	36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Maple Lawn Health Ctr

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Tub,Motor,Sound Sys,Wander Guard,Tele Sys	1993	\$ 19,304	\$	10	\$	\$	\$ 19,304	37
38	Paging Sys,Door Monitor,elevator,A/C	1994	6,642		10			6,642	38
39	Toaster,Fiber Optics,A/C,Signage,Counter,Bath	1995	25,208		10			25,208	39
40	Door Lock,Sink,NurseCall,A/C,Elevator,AlarmSys	1996	54,967		10			54,967	40
41	Vertical Blinds	1994	1,021		8			1,021	41
42	Landscape,room remodel,sink,fireplace,waterline	1997	27,864		10			27,864	42
43	CallSys,FireAlarm,ExpTank,DoorSec,Phone,Tub	1997	30,201		10			30,201	43
44	Landscape,Boiler,Door,Fire,Generator,Bath,Security,A/C,Cable,P	1998	69,271		10			69,271	44
45	Asphalt,DiningRm,Hall,Door,Bath,ElecEye	1999	24,138		10			24,138	45
46	Office,Lounge,Door,Fire,A/C,Sink,Tub	1999	34,425		10			34,425	46
47	Asphalt Repair	2000	2,352		10			2,352	47
48	Tempered Water System Redesigned	2000	14,400	720	20	720		9,120	48
49	Renovate Social Service Office	2000	3,422		10			3,422	49
50	Wanderguard Monitors	2000	2,591		8			2,591	50
51	New Boiler in Cleveland Steamer	2000	4,076		10			4,076	51
52	Octel 100 Voicemail System	2000	6,260		5			6,260	52
53	Cable System Expansion	2000	1,844		5			1,844	53
54	Land Improve- Sidewalk Replacement	2001			10				54
55	Water System Installation	2001	41,500	2,075	20	2,075		24,727	55
56	Administrative Office - Carpet	2001			8				56
57	Fire Alarms- Halls 4 & 5	2001	6,436		8			6,436	57
58	Air Condition Unit Hall 6	2001	3,424		10			3,424	58
59	Door Alarms - Hall 7	2001	2,757		8			2,757	59
60	Elevator Safety Edges	2002	3,245	131	10	131		3,245	60
61	Reshingle - Memorial Hall	2002		37	20		(37)		61
62	A/C Condensor - HC Lobby	2002			10				62
63	Cable System Upgrade	2002	1,138		5			1,138	63
64	Sandblasted Redwood Signs	2002			7				64
65	Room 601 Construction	2003	34,315	1,716	20	1,716		16,588	65
66	Room 306 Bathroom Conversion	2003	21,425	2,143	10	2,143		20,715	66
67	PT Room Divider Curtain	2003	2,589	259	10	259		2,504	67
68	Crosslink II Traverline Carpet	2003			8				68
69	Insinkerator Disposer for Kitchen	2003	1,048		5			1,048	69
70	TOTAL (lines 4 thru 69)		\$ 3,585,068	\$ 64,453		\$ 64,416	\$ (37)	\$ 2,545,724	70

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 3,585,068	\$ 64,453		\$ 64,416	\$ (37)	\$ 2,545,724	1
2	New Exit Doors & Keypads	2003	9,618		7			9,618	2
3	New Parking Lot	2003	9,378	782	12	782		7,494	3
4	Wallpaper -Rm 302/Hall#1/Dining Rm	2003			7				4
5	Wallpaper Stock for Room Renovations	2003			7				5
6	Asbestos removal - Dining Rm Floor	2003	10,520		7			10,520	6
7	Vinyl Flooring in Dining Rm	2003	12,700		7			12,700	7
8	Wallpaper Hall 2	2004			7				8
9	Expansion Dining Room	2004	2,612	174	15	174		1,543	9
10	Flooring for Elevator	2004	1,479	104	8	104		1,479	10
11	Walk-in Cooler	2004	8,043	804	10	804		7,069	11
12	Door Lock	2004	3,313		7			3,313	12
13	Telephone System	2004	16,115	1,612	10	1,612		14,013	13
14	Draperies	2004			7				14
15	Draperies	2004			7				15
16	Sealcoat Parking Lot	2004	2,479		3			2,479	16
17	Landscaping	2004	2,778	278	10	278		2,355	17
18	Renovation on resident rooms, hallways	2005	614,348	22,942	30	20,478	(2,464)	163,768	18
19	Roof replacement	2005	414,304	13,810	30	13,810		110,442	19
20	Resident room doors and refinishing	2005	6,164	205	30	205		1,544	20
21	Carpet and Tile Flooring	2005	39,119	2,608	15	2,608		19,571	21
22	Wallpaper for lobby	2005	3,921	392	10	392		2,942	22
23	Sprinkler system	2005	71,880	2,396	30	2,396		19,161	23
24	Lighting resident rooms and lobby.	2005	4,754	158	30	158		1,190	24
25	Time clock system	2005		3,429	10		(3,429)		25
26	Privacy track, window rods, draperies	2005	5,678	218	7	3	(215)	5,678	26
27	Carpeting room 608	2005		95	8		(95)		27
28	Wiring Upgrade	2005	1,498		5			1,498	28
29	A/C condenser replacement	2005	4,775	318	15	318		2,413	29
30	Boiler replacement	2005	4,495	450	10	450		3,462	30
31	Asphalt Repairs	2005			5				31
32	Renovate Multi-Rm/Nurse Station	2005	85,586	2,853	30	2,853		21,409	32
33	Roof Replacement Dietary	2005	14,503	483	30	483		3,586	33
34	TOTAL (lines 1 thru 33)		\$ 4,935,128	\$ 118,564		\$ 112,324	\$ (6,240)	\$ 2,974,971	34

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

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0042424

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 4,935,128	\$ 118,564		\$ 112,324	\$ (6,240)	\$ 2,974,971	1
2	Nurse Station Bumper Guards	2005			5				2
3	Chimney roofing work	2005	2,180	109	20	109		799	3
4	Install sink	2005	1,345	90	15	90		653	4
5	Transfer switch	2005	2,549	171	7	171		2,549	5
6	Sprinkler system	2005		31	30		(31)		6
7	Air conditioning unit	2005	3,300	220	15	220		1,609	7
8	Sprinkler head	2005	1,458	49	30	49		345	8
9	Gas shut-off fire system	2005	2,600	87	30	87		638	9
10	Fire alarm	2005	11,087	739	15	739		5,325	10
11	Boiler pump	2005	3,986	399	10	399		2,810	11
12	Door	2006	1,379	138	10	138		851	12
13	Plumbing	2006	1,023	102	10	102		646	13
14	Carpeting	2006	2,618	262	10	262		1,812	14
15	Draperies	2006	174	25	7	25		173	15
16	Dining room wallpaper, lighting	2007	3,531	276	8	441	165	2,602	16
17	Public address system	2007	461	36	5	36		461	17
18	Asphalt road repairs	2007	18,979	1,265	15	1,265		7,167	18
19	Room 701 flooring, lighting	2007	1,371	145	8	171	26	970	19
20	Sidewalk repairs	2007	3,054	328	10	305	(23)	1,693	20
21	Room 707 flooring, cabinetry	2007	1,208	148	8	151	3	841	21
22	Carpeting room 709	2007	591	74	8	74		396	22
23	Room 603 wallpaper, window coverings, lighting	2007	815	4	8	102	98	527	23
24	Room 612, lighting, flooring	2007	673	84	8	84		434	24
25	Room 604 window coverings	2007	55		1			55	25
26	Wallcoverings hall and 4 rooms	2007	1,400	175	8	175		897	26
27	Gate concrete pad	2007	725		3			725	27
28	Plumbing wing 1	2007	2,500	313	8	313		1,586	28
29	Fire alarm system upgrade	2007	4,150	100	8	519	419	2,619	29
30	Driveway curbing	2008	3,300	220	15	220		1,020	30
31	Plumbing, lighting, wallpaper	2008	7,686	864	8	961	97	4,768	31
32	Carpeting and door replacement	2008	1,200	137	8	150	13	744	32
33	Fireproofing and sprinklers	2008	33,288	3,376	15	2,219	(1,157)	10,785	33
34	TOTAL (lines 1 thru 33)		\$ 5,053,814	\$ 128,531		\$ 121,901	\$ (6,630)	\$ 3,031,471	34

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

Facility Name & ID Number Maple Lawn Health Ctr

0042424

Report Period Beginning:

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Ending:

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 5,053,814	\$ 128,531		\$ 121,901	\$ (6,630)	\$ 3,031,471	1
2	Drainage work	2008	3,460	231	15	231		1,098	2
3	Eyewash station in kitchen	2008	1,250	156	8	156		732	3
4	Baseboards, wallpaper, carpeting	2008	1,825	183	10	183		869	4
5	Air conditioning repairs	2008	6,800	850	8	850		3,803	5
6	Elevator repairs	2008	1,206		3			1,206	6
7	Emergency exit lighting	2008	1,394	174	8	174		755	7
8	Bath tub fixture	2008	729	49	15	49		199	8
9	Wing 1 & Hall 1 draperies, wallpaper, lighting	2008	7,328	1,040	8	916	(124)	4,540	9
10	Draperies, wallpaper, & baseboards	2008	7,251	776	8	906	130	4,496	10
11	Contractor labor & materials for dining room	2008	12,087	1,511	8	1,511		7,497	11
12	Dining room tear-down, tiling, painting, trim	2008	5,716	715	8	715		3,547	12
13	Gazebo shingles & vinyl	2009	372	61	7	53	(8)	181	13
14	Chapel fans, shades, ceiling tile & fixtures	2009	9,289	870	5	1,858	988	6,475	14
15	Flooring for rooms 705, 605, 609	2009	1,915	192	10	192		599	15
16	Sod, mulch, road repairs	2010	2,170	163	15	145	(18)	296	16
17	Carpet, Vinyl, Blinds front office & restroom	2010	3,856	612	10	386	(226)	1,108	17
18	2 boiler pumps and douglas fir	2011	3,356	224	15	224		236	18
19	Circuit breaker, wall heater, wanderguard monitor, A/C	2011	4,138	218	15	276	58	517	19
20	Serenity walls, floor, electrical	2011	80,450	5,363	15	5,363		8,493	20
21	Physician office floor, wall, electrical	2011	7,767	518	15	518		562	21
22	Fire Safety doors	2012	7,730	215	15	215		215	22
23	Smoke dampers	2012	7,178	128	28	128		128	23
24	Wing 5 remodel - window replacement, painting, electrical, flooring	2012	27,808	2,400	10	2,400		2,400	24
25	Landscaping - Administration Building	2009	6,435	858	5	858		858	25
26	Administration Building	2009	1,710,294	28,505	40	28,505		28,505	26
27	Administration Building key fob entry system	2009	1,532	113	10	113		113	27
28	Administration Building wooden sign	2009	2,065	138	15	138		138	28
29									29
30									30
31	Maple Lawn Homes, Inc. Alloc.					18,946	18,946		31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,979,215	\$ 174,794		\$ 187,910	\$ 13,116	\$ 3,111,037	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 258,109	\$ 24,531	\$ 24,531	\$	various	\$ 203,406	71
72	Current Year Purchases	90,254	9,828	9,828		various	9,828	72
73	Fully Depreciated Assets	180,159				various	180,159	73
74	Maple Lawn Homes, Inc. Alloc.			8,120	8,120			74
75	TOTALS	\$ 528,522	\$ 34,359	\$ 42,479	\$ 8,120		\$ 393,393	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	Patient Transport	2001 Ford van	2005	\$ 9,054	\$	\$	\$	5	\$ 9,054	76
77										77
78										78
79										79
80	TOTALS			\$ 9,054	\$	\$	\$		\$ 9,054	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 7,519,177	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 209,153	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 230,389	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 21,236	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,513,484	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	281 Walkway - 1980	\$ 21,141	\$ 480	\$ 15,856	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 21,141	\$ 480	\$ 15,856	91

G. Construction-in-Progress

	Description	Cost	
92	Construction in Progress	\$ 16,800	92
93			93
94			94
95		\$ 16,800	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.

Facility Name & ID Number

Maple Lawn Health Ctr

0042424

Report Period Beginning:

1/1/2012

Ending: 12/31/12

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

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. _____ /2013 \$ _____

13. _____ /2014 \$ _____

14. _____ /2015 \$ _____

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: \$ 0

Description: _____

(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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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

	Service	1 Schedule V Line & Column Reference	2 Staff		4 Outside Practitioner (other than consultant)		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Units of Service	3 Cost	Units	5 Cost				
1	Licensed Occupational Therapist	10A(3)	hrs	\$	1,287	\$ 110,641	\$	1,287	\$ 110,641	1
2	Licensed Speech and Language Development Therapist	10A(3)	hrs		280	25,163		280	25,163	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10A(2), 10A(3)	hrs		1,188	102,182	1,825	1,188	104,007	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39(2)	# of prescrpts				70,099		70,099	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Therapy refund pr yr</u>	10A(3)				(13,454)			(13,454)	12
13	Other (specify):									13
14	TOTAL			\$	2,755	\$ 224,532	\$ 71,924	2,755	\$ 296,456	14

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

Facility Name & ID Number Maple Lawn Health Ctr# 0042424Report Period Beginning: 1/1/2012

Ending:

12/31/12

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/12

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 296,136	\$ 296,136	1
2	Cash-Patient Deposits	8,060	8,060	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>93,878</u>)	1,073,875	1,073,875	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	12,584	12,584	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Intercompany</u>	1,370,494	1,370,494	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,761,149	\$ 2,761,149	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	157,996	157,996	12
13	Land	2,386	2,386	13
14	Buildings, at Historical Cost	6,695,078	6,979,215	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	602,235	537,576	16
17	Accumulated Depreciation (book methods)	(3,428,353)	(3,513,484)	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 (spec <u>Ppd loan costs</u>)	12,840	12,840	22
23	Other(specify): <u>Construction in Progress</u>	16,800	16,800	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,058,982	\$ 4,193,329	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,820,131	\$ 6,954,478	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 294,823	\$ 294,823	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	8,060	8,060	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	167,723	167,723	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	20,825	20,825	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accrued Expenses</u>	91,054	91,054	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 582,485	\$ 582,485	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	1,692,187	1,692,187	39
40	Mortgage Payable	1,981,549	1,981,549	40
41	Bonds Payable	41,568	41,568	41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 3,715,304	\$ 3,715,304	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,297,789	\$ 4,297,789	46
47	TOTAL EQUITY (page 18, line 24)	\$ 2,522,342	\$ 2,656,689	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 6,820,131	\$ 6,954,478	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,235,063	1
2	Restatements (describe):		2
3			3
4	Prior Period Adjustments	177,431	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,412,494	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	109,848	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 109,848	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 2,522,342	24 *

* This must agree with page 17, line 47.

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

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

		1		
I. Revenue		Amount		
A. Inpatient Care				
1	Gross Revenue -- All Levels of Care	\$ 6,656,341	1	
2	Discounts and Allowances for all Levels	(1,506,277)	2	
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,150,064	3	
B. Ancillary Revenue				
4	Day Care		4	
5	Other Care for Outpatients		5	
6	Therapy	361,562	6	
7	Oxygen	5,845	7	
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 367,407	8	
C. Other Operating Revenue				
9	Payments for Education		9	
10	Other Government Grants		10	
11	CNA Training Reimbursements		11	
12	Gift and Coffee Shop	755	12	
13	Barber and Beauty Care	2,520	13	
14	Non-Patient Meals	114,080	14	
15	Telephone, Television and Radio	25	15	
16	Rental of Facility Space		16	
17	Sale of Drugs	60,381	17	
18	Sale of Supplies to Non-Patients		18	
19	Laboratory	6,034	19	
20	Radiology and X-Ray	3,802	20	
21	Other Medical Services	163,040	21	
22	Laundry	315	22	
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 350,952	23	
D. Non-Operating Revenue				
24	Contributions	183,776	24	
25	Interest and Other Investment Income***	359	25	
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 184,135	26	
E. Other Revenue (specify):****				
27	Settlement Income (Insurance, Legal, Etc.)		27	
28	<u>Transportation</u>	2,820	28	
28a	<u>Miscellaneous</u>	6,042	28a	
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 8,862	29	
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 6,061,420	30	

		2		
II. Expenses		Amount		
A. Operating Expenses				
31	General Services	1,162,971	31	
32	Health Care	2,378,954	32	
33	General Administration	1,546,066	33	
B. Capital Expense				
34	Ownership	414,809	34	
C. Ancillary Expense				
35	Special Cost Centers	126,699	35	
36	Provider Participation Fee	322,073	36	
D. Other Expenses (specify):				
37			37	
38			38	
39			39	
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 5,951,572	40	
41	Income before Income Taxes (line 30 minus line 40)**	109,848	41	
42	Income Taxes		42	
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 109,848	43	

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,871,130	44
45	Private Pay - Net Inpatient Revenue	2,712,579	45
46	Medicare - Net Inpatient Revenue	514,936	46
47	Other-(specify)	51,419	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 5,150,064	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? Yes If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

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

Facility Name & ID Number Maple Lawn Health Ctr

0042424

Report Period Beginning:

1/1/2012

Ending:

12/31/12

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,916	2,092	\$ 69,500	\$ 33.22	1
2	Assistant Director of Nursing	1,515	1,719	48,075	27.97	2
3	Registered Nurses	11,359	12,207	319,038	26.14	3
4	Licensed Practical Nurses	14,266	15,333	333,670	21.76	4
5	CNAs & Orderlies	64,162	68,704	898,952	13.08	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,867	2,196	33,870	15.42	8
9	Activity Director	1,696	2,027	30,968	15.28	9
10	Activity Assistants	5,140	5,547	65,061	11.73	10
11	Social Service Workers	3,935	4,153	65,603	15.80	11
12	Dietician	1,920	2,100	50,653	24.12	12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	21,976	23,780	262,679	11.05	15
16	Dishwashers					16
17	Maintenance Workers	2,669	3,021	75,818	25.10	17
18	Housekeepers	15,370	16,622	181,514	10.92	18
19	Laundry	1,491	1,621	17,619	10.87	19
20	Administrator	1,936	2,100	86,858	41.36	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	2,380	2,575	39,506	15.34	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,726	1,978	21,290	10.76	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	155,324	167,775	\$ 2,600,674 *	\$ 15.50	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			35	
36	Medical Director	87	13,000	L9, C3	36
37	Medical Records Consultant				37
38	Nurse Consultant	64	5,734	L10, C3	38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	20	1,355	L11, C3	44
45	Social Service Consultant	40	2,741	L12, C3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	211	\$ 22,830		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	97	\$ 3,370	L10, C3	50
51	Licensed Practical Nurses	1,587	51,941	L10, C3	51
52	Certified Nurse Assistants/Aides	3,705	71,145	L10, C3	52
53	TOTAL (lines 50 - 52)	5,389	\$ 126,456		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries			Ownership %	Amount	D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function				Description	Amount	Description	Amount	
<u>Nyla Krabbenhoft</u>	<u>Administrator</u>	<u>0</u>	<u>\$ 86,858</u>	<u>Workers' Compensation Insurance</u>	<u>\$ 189,794</u>	<u>IDPH License Fee</u>	<u>\$ 3,980</u>		
				<u>Unemployment Compensation Insurance</u>	<u>28,165</u>	<u>Advertising: Employee Recruitment</u>	<u>5,773</u>		
				<u>FICA Taxes</u>	<u>190,028</u>	<u>Health Care Worker Background Check</u>	<u>910</u>		
				<u>Employee Health Insurance</u>	<u>137,565</u>	<u>(Indicate # of checks performed <u>39</u>)</u>			
				<u>Employee Meals</u>		<u>Patient Background Checks</u>	<u>71</u>		
				<u>Illinois Municipal Retirement Fund (IMRF)*</u>		<u>Illinois Health Care Association</u>	<u>4,017</u>		
				<u>Employee Pension Plan</u>	<u>15,141</u>	<u>Mennonite Health Services</u>	<u>9,128</u>		
				<u>Employee Life/Disability</u>	<u>6,031</u>	<u>Dues & Subscriptions</u>	<u>421</u>		
				<u>Employee Physicals, Hep. B.</u>	<u>14,524</u>	<u>Licenses & Fees</u>	<u>2,492</u>		
				<u>Employee Appreciation</u>	<u>15,147</u>	<u>Maple Lawn Homes, Inc. Alloc.</u>	<u>17,134</u>		
						<u>Less: Public Relations Expense</u>	<u>()</u>		
						<u>Non-allowable advertising</u>	<u>()</u>		
						<u>Yellow page advertising</u>	<u>()</u>		
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 86,858	TOTAL (agree to Schedule V, line 22, col.8)	\$ 684,879	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 43,855		
(List each licensed administrator separately.)									
B. Administrative - Other			Amount	E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Description				Description	Line #	Amount	Description	Amount	
<u>Management Fees-See Page 6, Eliminated on P 3, C 7</u>			<u>\$ 580,992</u>	<u>N/A</u>			<u>Out-of-State Travel</u>	<u>\$</u>	
							<u>In-State Travel</u>	<u>1,467</u>	
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 580,992	TOTAL		\$	<u>Seminar Expense</u>	<u>7,418</u>	
(Attach a copy of any management service agreement)							<u>Maple Lawn Homes, Inc. Alloc.</u>	<u>3,650</u>	
C. Professional Services			Amount	G. Schedule of Travel and Seminar**					
Vendor/Payee	Type			Description	Line #	Amount	Description	Amount	
<u>Howard & Howard</u>	<u>Legal</u>		<u>\$ 41,498</u>				<u>Entertainment Expense</u>	<u>()</u>	
<u>Robert Rein</u>	<u>Cost Report preparation</u>		<u>5,789</u>				TOTAL (agree to Sch. V, line 24, col. 8)	\$ 12,535	
<u>Heinold-Banwart Ltd.</u>	<u>Audit</u>		<u>11,500</u>						
<u>Phillips, Salmi & Associates</u>	<u>Accounting</u>		<u>3,800</u>						
<u>MDI Achieve</u>	<u>Computer Service</u>		<u>21,150</u>						
<u>Kronos</u>	<u>Timeclock Maintenance</u>		<u>5,656</u>						
TOTAL (agree to Schedule V, line 19, column 3)			\$ 89,393						
(If total legal fees exceed \$5,000, attach copy of invoices.)									

* Attach copy of IMRF notifications

**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
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2	N/A											
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Maple Lawn Health Ctr# 0042424Report Period Beginning: 1/1/2012Ending: 12/31/12**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. 4,017 IHCA
- (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? 5-10
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 37,338 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
-
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 322,073
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. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 114,835
- (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? 100
- d. Have vehicle usage logs been maintained? Yes
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
- g. Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Heinold-Banwart Ltd.
- (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.

FACILITY NAME:

Maple Lawn Health Ctr

BEGINNING: 1/1/2012

ID # 0042424

ENDING: 12/31/12

ATTACHED SCHEDULE I

SCHEDULE V - LINE 24 - TRAVEL AND SEMINAR

Name	Description	Travel Expenses					Seminar or Annual Exp	Total Travel & Seminar
		Travel	Meals	Lodging	Out of St.	Total		
Pathway Health Service	Restorative Rehab			\$ 822.63		\$ 822.63	\$ 749.00	\$ 1,571.63
Perry, Cheryl	CPR Training					\$ -	\$ 966.00	\$ 966.00
McKesson Medical & Surgical	HCA online training					\$ -	\$ 3,066.00	\$ 3,066.00
Professional Therapy Services	Restorative Training					\$ -	\$ 750.00	\$ 750.00
Woodford County Health Dept	K.Reeves,V.Collins Sanitation Cert Course					\$ -	\$ 180.00	\$ 180.00
AAIM EA	Diversity & Professionalism Training		\$ 129.70			\$ 129.70	\$ 634.25	\$ 763.95
Illini Fire Equipment	Demo - Fire Safety extenguisher training					\$ -	\$ 359.00	\$ 359.00
Illini Fire Equipment	Demo - Fire Safety extenguisher training					\$ -	\$ 399.00	\$ 399.00
INHAA (Summer Conference-Bloomington)	Restorative Nursing,Nurture Rel thru Visists					\$ -	\$ 105.00	\$ 105.00
Health Center	In House Nurses Meeting - Pizza Hut		\$ 31.09			\$ 31.09		\$ 31.09
Health Center	In House Nurses Meeting - Eureka IGA		\$ 41.70			\$ 41.70		\$ 41.70
Health Center	In Service C.N.A.Mtg - Dementia behaviors		\$ 21.10			\$ 21.10		\$ 21.10
Biggs, Connie	Food Sanitation for Everyone - K.Carpentier					\$ -	\$ 55.00	\$ 55.00
Collins, Laura	Reimb Food Sanitation Refresher Course					\$ -	\$ 40.00	\$ 40.00
Visa (NK) -	In House Dietary Mtg - Pizza Hut		\$ 20.37			\$ 20.37		\$ 20.37
Gerdes, Patricia	Reimb Food Sanitation Refresher Course					\$ -	\$ 40.00	\$ 40.00
Collins, Laura	Reimb Mgmt of Dysphagia Webinar/Certif.					\$ -	\$ 74.95	\$ 74.95
Health Center	In Service H.C.Mtg - Matrix Training / IGA		\$ 50.57			\$ 50.57		\$ 50.57
Health Center	In Service H.C.Mtg - Matrix Training / IGA		\$ 19.92			\$ 19.92		\$ 19.92
Health Center	In Service QA Mtg - IGA		\$ 56.34			\$ 56.34		\$ 56.34
Collins, Laura	Reimb All Staff In Service - IGA		\$ 75.08			\$ 75.08		\$ 75.08
MDI Achieve	MX MEC Training		\$ 62.50			\$ 62.50		\$ 62.50
GP	July Board Meeting - IGA		\$ 11.43			\$ 11.43		\$ 11.43
GP	Board Meeting - IGA		\$ 3.99			\$ 3.99		\$ 3.99
Health Center	QA Breakfast - IGA		\$ 39.19			\$ 39.19		\$ 39.19
Health Center	Lunch w/ J.Thomason (CEO) - Casey's Pizza		\$ 80.98			\$ 80.98		\$ 80.98
	Misc meal reimbursements					\$ -		\$ -
						\$ -		\$ -
Maple Lawn Homes, Inc. Alloc.						\$ -	\$ 3,650.00	\$ 3,650.00

						\$ -		\$ -
		\$ -	\$ 643.96	\$ 822.63	\$ -	\$ 1,466.59	\$ 11,068.20	\$ 12,534.79

FACILITY NAME: Maple Lawn Health Ctr
ID # 0042424

BEGINNING: 1/1/2012
ENDING: 12/31/12

ATTACHED SCHEDULE II

SCHEDULE V - LINE 25 - OTHER ADMIN. STAFF TRANSPORTATION

Care Related Vehicle Expenses:

Repairs	965
Mileage reimbursement for allowable travel	393
Fuel and miscellaneous supplies	4,573
Allocated from Maple Lawn Homes, Inc.	2,037
	<hr/>
	7,968
	<hr/>

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustments	Adjusted Total
1. Dietary	313,332	24,369	0	337,701	0	337,701	0	337,701
2. Food Purchase	0	337,899	0	337,899	0	337,899	-114,835	223,064
3. Housekeeping	181,514	30,941	0	212,455	0	212,455	317	212,772
4. Laundry	17,619	0	0	17,619	0	17,619	0	17,619
5. Heat and Other Utilities	0	0	108,090	108,090	0	108,090	7,138	115,228
6. Maintenance	75,818	11,916	49,520	137,254	0	137,254	1,303	138,557
7. Other (specify)*	0	0	11,953	11,953	0	11,953	1,523	13,476
8. Total General Services	588,283	405,125	169,563	1,162,971	0	1,162,971	-104,554	1,058,417
9. Medical Director	0	0	13,000	13,000	0	13,000	0	13,000
10. Nursing & Medical Records	1,690,525	109,569	132,190	1,932,284	0	1,932,284	0	1,932,284
10a. Therapy	33,870	1,825	224,532	260,227	0	260,227	0	260,227
11. Activities	96,029	6,805	1,355	104,189	0	104,189	-2,820	101,369
12. Social Services	65,603	910	2,741	69,254	0	69,254	42,485	111,739
13. Nurse Aide Training	0	0	0	0	0	0	0	0
14. Program Transportation	0	0	0	0	0	0	0	0
15. Other (specify)*	0	0	0	0	0	0	0	0
16. Total Health Care & Programs	1,886,027	119,109	373,818	2,378,954	0	2,378,954	39,665	2,418,619
17. Administrative	86,858	0	580,992	667,850	0	667,850	-490,831	177,019
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	89,393	89,393	0	89,393	9,309	98,702
20. Fees, Subscriptions & Promotion	0	0	29,203	29,203	0	29,203	14,652	43,855
21. Clerical & General Office	39,506	10,474	14,228	64,208	0	64,208	229,811	294,019
22. Employee Benefits & Payroll	0	0	596,395	596,395	0	596,395	88,484	684,879
23. Inservice Training & Education	0	0	0	0	0	0	0	0
24. Travel and Seminar	0	0	8,885	8,885	0	8,885	3,650	12,535
25. Other Admin. Staff Trans	0	4,573	1,358	5,931	0	5,931	2,037	7,968
26. Insurance-Prop.Liab.Malpractice	0	0	84,201	84,201	0	84,201	6,869	91,070
27. Other (specify)*	0	0	0	0	0	0	0	0
28. Total General Adminis	126,364	15,047	1,404,655	1,546,066	0	1,546,066	-136,019	1,410,047
29. Total General Administrative	2,600,674	539,281	1,948,036	5,087,991	0	5,087,991	-200,908	4,887,083
30. Depreciation	0	0	209,633	209,633	0	209,633	20,756	230,389
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	184,612	184,612	0	184,612	-359	184,253
33. Real Estate	0	0	20,564	20,564	0	20,564	7,183	27,747

34. Rent - Facility & Grounds	0	0	0	0	0	0	0	0
35. Rent - Equipment & Vehicles	0	0	0	0	0	0	0	0
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	414,809	414,809	0	414,809	27,580	442,389
38. Medically Necessary T	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	70,099	0	70,099	0	70,099	0	70,099
40. Barber and Beauty Shop	0	0	0	0	0	0	0	0
41. Coffee and Gift Shops	0	0	0	0	0	0	0	0
42	0	0	322,073	322,073	0	322,073	0	322,073
43. Other (specify):*	0	161	56,439	56,600	0	56,600	-56,600	0
44. Total Special Cost Ce	0	70,260	378,512	448,772	0	448,772	-56,600	392,172
45. Grand Total	2,600,674	609,541	2,741,357	5,951,572	0	5,951,572	-229,928	5,721,644

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	296,136	296,136
2. Cash - Patient Deposits	8,060	8,060
3. Accounts & Notes Receivable	1,073,875	1,073,875
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	0	0
7. Other Prepaid Expenses	12,584	12,584
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	1,370,494	1,370,494
10. Total current assets	2,761,149	2,761,149
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	157,996	157,996
13. Land	2,386	2,386
14. Buildings, at Historical Cost	6,695,078	6,979,215
15. Leasehold Improvements, Historical Cost	0	0
16. Equipment, at Historical Cost	602,235	537,576
17. Accumulated Depreciation (book methods)	-3,428,353	-3,513,484
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	12,840	12,840
23. other (specify):	16,800	16,800
24. Total Long-Term Assets	4,058,982	4,193,329
25. Total Assets	6,820,131	6,954,478
CURRENT LIABILITIES		
26. Accounts Payable	294,823	294,823
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	8,060	8,060
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	167,723	167,723
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	20,825	20,825
33. Accrued Interest Payable	0	0
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	91,054	91,054

37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	582,485	582,485
LONG TERM LIABILITES		
39. Long-Term Notes Payable	1,692,187	1,692,187
40. Mortgage Payable	1,981,549	1,981,549
41. Bonds Payable	41,568	41,568
42. Deferred Compensation	0	0
43. Other Long-Term Liabilities (specify):	0	0
44. Other Long-Term Liabilities (specify):	0	0
45. Total Long-Term Liabilities	3,715,304	3,715,304
46. Total Liabilities	4,297,789	4,297,789
47. Total Equity	2,522,342	2,656,689
48. Total Liabilities and Equity	6,820,131	6,954,478

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	6,656,341
2. Discounts and Allowances for all Levels	-1,506,277
Subtotal - Inpatient Care	5,150,064
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	361,562
7. Oxygen	5,845
Subtotal - Anciliary Revenue	367,407
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	755
13. Barber and Beauty Care	2,520
14. Non-Patient Meals	114,080
15. Telephone, Television, and Radio	25
16. Rental of Facility Space	0
17. Sale of Drugs	60,381
18. Sale of Supplies to Non-Patients	0
19. Laboratory	6,034
20. Radiology and X-Ray	3,802
21. Other Medical Services	163,040
22. Laundry	315
Subtotal - Other Operating Revenue	350,952
24. Contributions	183,776
25. Interest and Other Investments Income	359
Subtotal - Non-Operating Revenue	184,135
27. Other Revenue (specify):	0
28. Other Revenue (specify):	8,862
Subtotal - Other Revenue	8,862
30. Total Revenue	6,061,420
31. General Services	1,162,971
32. Health Care	2,378,954
33. General Administration	1,546,066
34. Ownership	414,809

35. Special Cost Centers	126,699
35. Provider Participation Fee	322,073
37. Other	0
40. Total Expenses	5,951,572
41. Income Before Income Taxes	109,848
42. Income Taxes	0
43. Net Income or Loss for the Year	109,848