

Facility Name & ID Number Maple Lawn Health Center

0042424 Report Period Beginning: 1/1/2013 Ending: 12/31/13

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	89	Skilled (SNF)	89	32,485	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5	18	Sheltered Care (SC)	18	6,570	5
6		ICF/DD 16 or Less			6
7	107	TOTALS	107	39,055	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	15,477	9,501	3,186	28,164	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC		3,522		3,522	12
13	DD 16 OR LESS					13
14	TOTALS	15,477	13,023	3,186	31,686	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 81.13%

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 2,927

Medicare Intermediary Wisconsin Physicians Service Insurance Corporation

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/13 Fiscal Year: 12/31/13

* 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	310,201	21,941		332,142		332,142		332,142		1
2	Food Purchase		338,975		338,975		338,975	(98,975)	240,000		2
3	Housekeeping	168,784	29,545		198,329		198,329		198,329		3
4	Laundry	43,941			43,941		43,941		43,941		4
5	Heat and Other Utilities			131,903	131,903		131,903	7,170	139,073		5
6	Maintenance	60,124	13,956	48,202	122,282		122,282	5,239	127,521		6
7	Other (specify):* Waste Removal			12,547	12,547		12,547	510	13,057		7
8	TOTAL General Services	583,050	404,417	192,652	1,180,119		1,180,119	(86,056)	1,094,063		8
	B. Health Care and Programs										
9	Medical Director			12,000	12,000		12,000		12,000		9
10	Nursing and Medical Records	1,741,852	130,127	193,953	2,065,932		2,065,932		2,065,932		10
10a	Therapy	32,697	1,466	385,144	419,307		419,307		419,307		10a
11	Activities	103,953	6,543	1,792	112,288		112,288	(2,843)	109,445		11
12	Social Services	54,731	723	3,072	58,526		58,526	35,021	93,547		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	1,933,233	138,859	595,961	2,668,053		2,668,053	32,178	2,700,231		16
	C. General Administration										
17	Administrative	76,952		542,786	619,738		619,738	(390,720)	229,018		17
18	Directors Fees										18
19	Professional Services			83,818	83,818		83,818	3,591	87,409		19
20	Dues, Fees, Subscriptions & Promotions			26,072	26,072		26,072	11,663	37,735		20
21	Clerical & General Office Expenses	34,587	12,441	13,599	60,627		60,627	261,416	322,043		21
22	Employee Benefits & Payroll Taxes			581,376	581,376		581,376	57,923	639,299		22
23	Inservice Training & Education										23
24	Travel and Seminar			13,738	13,738		13,738	4,584	18,322		24
25	Other Admin. Staff Transportation		4,273	4,570	8,843		8,843	2,703	11,546		25
26	Insurance-Prop.Liab.Malpractice			120,272	120,272		120,272	4,430	124,702		26
27	Other (specify):*										27
28	TOTAL General Administration	111,539	16,714	1,386,231	1,514,484		1,514,484	(44,410)	1,470,074		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,627,822	559,990	2,174,844	5,362,656		5,362,656	(98,288)	5,264,368		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 Center

#0042424

Report Period Beginning:

1/1/2013

Ending:

12/31/13

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			229,682	229,682		229,682	7,697	237,379			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			189,025	189,025		189,025	(22,029)	166,996			32
33	Real Estate Taxes			26,169	26,169		26,169	(1,697)	24,472			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			444,876	444,876		444,876	(16,029)	428,847			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		88,180		88,180		88,180		88,180			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			199,603	199,603		199,603		199,603			42
43	Other (specify):* Non-allowable Costs	14,195	445	106,419	121,059		121,059	(121,059)				43
44	TOTAL Special Cost Centers	14,195	88,625	306,022	408,842		408,842	(121,059)	287,783			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,642,017	648,615	2,925,742	6,216,374		6,216,374	(235,376)	5,980,998			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 Center

0042424

Report Period Beginning: 1/1/2013

Ending: 12/31/13

VI. ADJUSTMENT DETAIL

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer-	BHF USE	
			ence	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	(13,319)	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	(7,759)	30		9
10	Interest and Other Investment Income	(22,029)	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	(1,743)	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	(7,029)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(16,265)	43		24
25	Fund Raising, Advertising and Promotional	(63,356)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Page 5A	(136,789)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (268,289)		\$	30

BHF USE ONLY					
48		49		50	
				51	
					52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	32,913		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 32,913		36
	(sum of SUBTOTALS)			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (235,376)		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 Center

ID# 0042424

Report Period Beginning: 1/1/2013

Ending: 12/31/13

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Disallow Laboratory	\$ (26,315)	43	1
2	Disallow Flowers	(61)	43	2
3	Offset vending income and meal income	(98,975)	2	3
4	Offset Miscellaneous income	(4,297)	21	4
5	Offset Transportation income	(2,843)	11	5
6	Nonallowable dues	(2,079)	20	6
7	Offset Miscellaneous income	(1,500)	19	7
8	Disallow Out of State Travel expenses	(719)	24	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		(136,789)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Maple Lawn Health Center# 0042424

Report Period Beginning:

1/1/2013

Ending:

12/31/13

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	(98,975)	0	0	0	0	0	0	0	0	0	0	(98,975)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	7,170	0	0	0	0	0	0	0	0	0	7,170	5
6	Maintenance	0	5,239	0	0	0	0	0	0	0	0	0	5,239	6
7	Other (specify):*	0	510	0	0	0	0	0	0	0	0	0	510	7
8	TOTAL General Services	(98,975)	12,919	0	(86,056)	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	(2,843)	0	0	0	0	0	0	0	0	0	0	(2,843)	11
12	Social Services	0	35,021	0	0	0	0	0	0	0	0	0	35,021	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	(2,843)	35,021	0	32,178	16								
	C. General Administration													
17	Administrative	0	(390,720)	0	0	0	0	0	0	0	0	0	(390,720)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(8,529)	12,120	0	0	0	0	0	0	0	0	0	3,591	19
20	Fees, Subscriptions & Promotions	(2,079)	13,742	0	0	0	0	0	0	0	0	0	11,663	20
21	Clerical & General Office Expenses	(4,297)	265,713	0	0	0	0	0	0	0	0	0	261,416	21
22	Employee Benefits & Payroll Taxes	0	57,923	0	0	0	0	0	0	0	0	0	57,923	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(719)	5,303	0	0	0	0	0	0	0	0	0	4,584	24
25	Other Admin. Staff Transportation	0	2,703	0	0	0	0	0	0	0	0	0	2,703	25
26	Insurance-Prop.Liab.Malpractice	0	4,430	0	0	0	0	0	0	0	0	0	4,430	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(15,624)	(28,786)	0	(44,410)	28								
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(117,442)	19,154	0	(98,288)	29								

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Maple Lawn Health Center# 0042424

Report Period Beginning:

1/1/2013 Ending:

12/31/13

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	(7,759)	15,456	0	0	0	0	0	0	0	0	0	7,697	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(22,029)	0	0	0	0	0	0	0	0	0	0	(22,029)	32
33	Real Estate Taxes	0	0	(1,697)	0	0	0	0	0	0	0	0	(1,697)	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	(29,788)	15,456	(1,697)	0	(16,029)	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):*	(121,059)	0	0	0	0	0	0	0	0	0	0	(121,059)	43
44	TOTAL Special Cost Centers	(121,059)	0	0	0	0	0	0	0	0	0	0	(121,059)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(268,289)	34,610	(1,697)	0	(235,376)	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
<u>Maple Lawn Homes, Inc.</u>	<u>100</u>			<u>Maple Lawn Apartments, Inc</u>	<u>Eureka</u>	<u>Ret. Housing</u>
				<u>Maple Lawn Total Living Care, Inc.</u>	<u>Eureka</u>	<u>Home Care</u>

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	<u>5 Heat & Other Utilities</u>	\$	<u>Maple Lawn Homes, Inc.</u>	<u>100.00%</u>	<u>\$ 7,170</u>	<u>\$ 7,170</u>	<u>1</u>
2	V	<u>6 Maintenance</u>		<u>Maple Lawn Homes, Inc.</u>	<u>100.00%</u>	<u>5,239</u>	<u>5,239</u>	<u>2</u>
3	V	<u>7 Waste Removal</u>		<u>Maple Lawn Homes, Inc.</u>	<u>100.00%</u>	<u>510</u>	<u>510</u>	<u>3</u>
4	V	<u>12 Social Services</u>		<u>Maple Lawn Homes, Inc.</u>	<u>100.00%</u>	<u>35,021</u>	<u>35,021</u>	<u>4</u>
5	V	<u>17 Administrative</u>	<u>542,786</u>	<u>Maple Lawn Homes, Inc.</u>	<u>100.00%</u>	<u>152,066</u>	<u>(390,720)</u>	<u>5</u>
6	V	<u>19 Professional Services</u>		<u>Maple Lawn Homes, Inc.</u>	<u>100.00%</u>	<u>12,120</u>	<u>12,120</u>	<u>6</u>
7	V	<u>20 Fees, Subscriptions & Promotions</u>		<u>Maple Lawn Homes, Inc.</u>	<u>100.00%</u>	<u>13,742</u>	<u>13,742</u>	<u>7</u>
8	V	<u>21 Clerical & General Office</u>		<u>Maple Lawn Homes, Inc.</u>	<u>100.00%</u>	<u>265,713</u>	<u>265,713</u>	<u>8</u>
9	V	<u>22 Employee Benefits & Payroll</u>		<u>Maple Lawn Homes, Inc.</u>	<u>100.00%</u>	<u>57,923</u>	<u>57,923</u>	<u>9</u>
10	V	<u>24 Travel and Seminar</u>		<u>Maple Lawn Homes, Inc.</u>	<u>100.00%</u>	<u>5,303</u>	<u>5,303</u>	<u>10</u>
11	V	<u>25 Other Admin Staff Transportation</u>		<u>Maple Lawn Homes, Inc.</u>	<u>100.00%</u>	<u>2,703</u>	<u>2,703</u>	<u>11</u>
12	V	<u>26 Insurance</u>		<u>Maple Lawn Homes, Inc.</u>	<u>100.00%</u>	<u>4,430</u>	<u>4,430</u>	<u>12</u>
13	V	<u>30 Depreciation</u>		<u>Maple Lawn Homes, Inc.</u>	<u>100.00%</u>	<u>15,456</u>	<u>15,456</u>	<u>13</u>
14	Total		\$ 542,786			\$ 577,396	\$ * 34,610	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	33 Real Estate Taxes	\$	Maple Lawn Homes, Inc.	100.00%	\$ (1,697)	\$ (1,697)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$			\$ (1,697)	\$ * (1,697)

* 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	Board of Directors:							1
2								2
3	Alice Kennell	0						3
4	Dave Neuhauser – Vice Chairman	0						4
5	Leanne Schertz – Secretary	0						5
6	Troy Teater	0						6
7	Carol Springer	0						7
8	Don Litwiller – Chairman	0						8
9	Lisa Jablonski	0						9
10	Chuck Staley – Treasurer	0						10
11	Lindsay Churchman	0						11
12	Jeff Swartzentruber	0						12
13	Joe Burns	0						13
14								14
15								15
16								16
17	Note: No Board Members received compensation from the facility.							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

Facility Name & ID Number Maple Lawn Health Center # 0042424 Report Period Beginning: 1/1/2013 Ending: 12/31/13

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1									\$		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 Center

0042424

Report Period Beginning:

1/1/2013

Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization 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	5	Heat & Other Utilities	Accumulated Cost	8,772,828	3	\$ 10,119	\$ 6,216,374	\$ 7,170	1	
2	6	Maintenance	Accumulated Cost	8,772,828	3	7,393	6,216,374	5,239	2	
3	7	Waste Removal	Accumulated Cost	8,772,828	3	720	6,216,374	510	3	
4	12	Social Services	Accumulated Cost	8,772,828	3	49,423	48,951	6,216,374	35,021	4
5	17	Administrative	Accumulated Cost	8,772,828	3	214,602	190,502	6,216,374	152,066	5
6	19	Professional Services	Accumulated Cost	8,772,828	3	17,104	6,216,374	12,120	6	
7	20	Fees, Subscriptions & Promotions	Accumulated Cost	8,772,828	3	19,393	6,216,374	13,742	7	
8	21	Clerical & General Office	Accumulated Cost	8,772,828	3	374,986	285,219	6,216,374	265,713	8
9	22	Employee Benefits & Payroll	Accumulated Cost	8,772,828	3	81,744	6,216,374	57,923	9	
10	24	Travel and Seminar	Accumulated Cost	8,772,828	3	7,484	6,216,374	5,303	10	
11	25	Other Admin Staff Transportatio	Accumulated Cost	8,772,828	3	3,814	6,216,374	2,703	11	
12	26	Insurance	Accumulated Cost	8,772,828	3	6,252	6,216,374	4,430	12	
13	30	Depreciation	Accumulated Cost	8,772,828	3	21,812	6,216,374	15,456	13	
14	33	Real Estate Taxes	Accumulated Cost	8,772,828	3	(2,395)	6,216,374	(1,697)	14	
15									15	
16									16	
17									17	
18									18	
19									19	
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 812,451	\$ 524,672	\$ 575,699	25	

Facility Name & ID Number Maple Lawn Health Center

0042424

Report Period Beginning:

1/1/2013

Ending:

12/31/13

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2		3	4	5	6		7	8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
A. Directly Facility Related																		
Long-Term																		
1	FHA Mortgage # 2		X	Building	\$6,300.00	1989	900,000		2014	0.0650	\$ 1,561	1						
2	FHA Mortgage # 5		X	Building	\$1,779.00	2004	400,000		2034	0.0413	11,345	2						
3	City of Eureka Bonds		X	Building	\$3,465.00	1989	455,000		2012	0.0712	742	3						
4	FHA Mortgage # 4		X	Building	\$5,500.00	2004	305,000		2034	0.0438	34,893	4						
5	Heartland Bank & Trust		X	Building	\$5,000.00	6/5/09	750,000		6/5/14	0.0625	39,444	5						
Working Capital																		
6	Lancaster Pollard Mtg Co		X	Building	\$23,751.45	12/1/13	4,480,400	4,480,400	12/1/43	0.0489	21,599	6						
7	Heartland Bank & Trust		X	Line of credit	varies	2004	112,000	743,049	2008	0.0600	79,441	7						
8												8						
9	TOTAL Facility Related				\$45,795.45		\$ 7,402,400	\$ 5,223,449			\$ 189,025	9						
B. Non-Facility Related*																		
10												10						
11											Interest Income offset	(226)	11					
12											Medicaid interest income offset	(21,803)	12					
13												13						
14	TOTAL Non-Facility Related						\$	\$			\$ (22,029)	14						
15	TOTALS (line 9+line14)						\$ 7,402,400	\$ 5,223,449			\$ 166,996	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.)

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2012 report.		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.		\$	<u>20,825</u>	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		2012		\$	<u>37,314</u>	2
3. Under or (over) accrual (line 2 minus line 1).				\$	<u>16,489</u>	3
4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	<u>24,827</u>	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)				\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund.			Maple Lawn Homes, Inc. Alloc.		(1,697)	
			Maple Lawn Homes, Inc. reimb		(15,147)	
TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)				\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.				\$	<u>24,472</u>	7
Real Estate Tax History:						
Real Estate Tax Bill for Calendar Year:	2008	<u>2,665</u>	8	FOR BHF USE ONLY		
	2009	<u>2,722</u>	9	13	FROM R. E. TAX STATEMENT FOR 2012	\$
	2010	<u>2,757</u>	10	14	PLUS APPEAL COST FROM LINE 5	\$
	2011	<u>2,771</u>	11	15	LESS REFUND FROM LINE 6	\$
	2012	<u>37,314</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION	\$
<u>Accrual based on prior year tax bill and additional estimated taxes due for the new Administrative building</u>						
<u>* This entity is a 501(3)(c) organization paying R/E tax on a portion of the facility deemed taxable.</u>						

NOTES:

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

2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Maple Lawn Health Center COUNTY Woodford
 FACILITY IDPH LICENSE NUMBER 0042424
 CONTACT PERSON REGARDING THIS REPORT Jeff Corron
 TELEPHONE (309) 467-2337 FAX #: (309) 467-9097

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2012 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2012.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>13-12-201-026</u>	<u>700 N. Main Street, Beauty Shop</u>	\$ <u>4,063.54</u>	\$ <u>4,063.54</u>
2. <u>13-12-201-029</u>	<u>700 N. Main Street</u>	\$ <u>3,231.42</u>	\$ <u>3,231.42</u>
3. <u>13-12-201-030</u>	<u>700 N. Main Street</u>	\$ <u>30,019.36</u>	\$ <u>30,019.36</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>37,314.32</u></u>	\$ <u><u>37,314.32</u></u>

B. Real Estate Tax Cost Allocations

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

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

C. **Tax Bills**

Attach a copy of the original 2012 tax bills which were listed in Section A to this statement. Be sure to use the 2012 tax bill which is normally paid during 2013.

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

Facility Name & ID Number Maple Lawn Health Center

0042424 Report Period Beginning:

1/1/2013 Ending:

12/31/13

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

Facility Name & ID Number Maple Lawn Health Center

0042424

Report Period Beginning:

1/1/2013

Ending:

12/31/13

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

	1	2	3	4	5	6	7	8	9		
	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		\$ 384,815	4
5			1974	1974	20,378	408	50	408		16,055	5
6			1980	1980	750,017	16,667	45	16,667		564,952	6
7			1982	1982	7,703		20			7,703	7
8	38		1989	1989	1,459,363	32,430	45	32,430		794,539	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 Center

0042424

Report Period Beginning:

1/1/2013

Ending:

12/31/13

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	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		9,840	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		26,802	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		10			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		18,304	65
66	Room 306 Bathroom Conversion	2003	21,425	714	10	710	(4)	21,425	66
67	PT Room Divider Curtain	2003	2,589	86	10	85	(1)	2,589	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	\$ 62,720		\$ 62,678	\$ (42)	\$ 2,608,402	70

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

Facility Name & ID Number Maple Lawn Health Center

0042424

Report Period Beginning:

1/1/2013

Ending:

12/31/13

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

1	2	3	4	5	6	7	8	9	10
	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	\$ 62,720		\$ 62,678	\$ (42)	\$ 2,608,402	1
2	<u>New Exit Doors & Keypads</u>	2003	9,618		7			9,618	2
3	<u>New Parking Lot</u>	2003	9,378	782	12	782		8,276	3
4	<u>Wallpaper -Rm 302/Hall#1/Dining Rm</u>	2003			7				4
5	<u>Wallpaper Stock for Room Renovations</u>	2003			7				5
6	<u>Asbestos removal - Dining Rm Floor</u>	2003	10,520		7			10,520	6
7	<u>Vinyl Flooring in Dining Rm</u>	2003	12,700		7			12,700	7
8	<u>Wallpaper Hall 2</u>	2004			7				8
9	<u>Expansion Dining Room</u>	2004	2,612	174	15	174		1,717	9
10	<u>Flooring for Elevator</u>	2004	1,479		8			1,479	10
11	<u>Walk-in Cooler</u>	2004	8,043	804	10	804		7,873	11
12	<u>Door Lock</u>	2004	3,313		7			3,313	12
13	<u>Telephone System</u>	2004	16,115	1,612	10	1,612		15,625	13
14	<u>Draperies</u>	2004			7				14
15	<u>Draperies</u>	2004			7				15
16	<u>Sealcoat Parking Lot</u>	2004	2,479		3			2,479	16
17	<u>Landscaping</u>	2004	2,778	278	10	278		2,633	17
18	<u>Renovation on resident rooms, hallways</u>	2005	614,348	22,942	30	20,478	(2,464)	184,246	18
19	<u>Roof replacement</u>	2005	414,304	13,810	30	13,810		124,252	19
20	<u>Resident room doors and refinishing</u>	2005	6,164	205	30	205		1,749	20
21	<u>Carpet and Tile Flooring</u>	2005	39,119	2,608	15	2,608		22,179	21
22	<u>Wallpaper for lobby</u>	2005	3,921	392	10	392		3,334	22
23	<u>Sprinkler system</u>	2005	71,880	2,396	30	2,396		21,557	23
24	<u>Lighting resident rooms and lobby.</u>	2005	4,754	158	30	158		1,348	24
25	<u>Time clock system</u>	2005		3,429	10		(3,429)		25
26	<u>Privacy track, window rods, draperies</u>	2005	5,678		7			5,678	26
27	<u>Carpeting room 608</u>	2005		95	8		(95)		27
28	<u>Wiring Upgrade</u>	2005	1,498		5			1,498	28
29	<u>A/C condenser replacement</u>	2005	4,775	318	15	318		2,731	29
30	<u>Boiler replacement</u>	2005	4,495	450	10	450		3,912	30
31	<u>Asphalt Repairs</u>	2005			5				31
32	<u>Renovate Multi-Rm/Nurse Station</u>	2005	85,586	2,853	30	2,853		24,262	32
33	<u>Roof Replacement Dietary</u>	2005	14,503	483	30	483		4,069	33
34	TOTAL (lines 1 thru 33)		\$ 4,935,128	\$ 116,509		\$ 110,479	\$ (6,030)	\$ 3,085,450	34

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

Facility Name & ID Number Maple Lawn Health Center

0042424

Report Period Beginning:

1/1/2013

Ending:

12/31/13

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 4,935,128	\$ 116,509		\$ 110,479	\$ (6,030)	\$ 3,085,450	1
2	Nurse Station Bumper Guards	2005			5				2
3	Chimney roofing work	2005	2,180	109	20	109		908	3
4	Install sink	2005	1,345	90	15	90		743	4
5	Transfer switch	2005	2,549		7			2,549	5
6	Sprinkler system	2005		31	30		(31)		6
7	Air conditioning unit	2005	3,300	220	15	220		1,829	7
8	Sprinkler head	2005	1,458	49	30	49		394	8
9	Gas shut-off fire system	2005	2,600	87	30	87		725	9
10	Fire alarm	2005	11,087	739	15	739		6,064	10
11	Boiler pump	2005	3,986	399	10	399		3,209	11
12	Door	2006	1,379	138	10	138		989	12
13	Plumbing	2006	1,023	102	10	102		748	13
14	Carpeting	2006	2,618	262	10	262		2,074	14
15	Draperies	2006	174	1	7	1		174	15
16	Dining room wallpaper, lighting	2007	3,531	276	8	441	165	3,043	16
17	Public address system	2007	461		5			461	17
18	Asphalt road repairs	2007	18,979	1,265	15	1,265		8,432	18
19	Room 701 flooring, lighting	2007	1,371	145	8	171	26	1,141	19
20	Sidewalk repairs	2007	3,054	328	10	305	(23)	1,998	20
21	Room 707 flooring, cabinetry	2007	1,208	148	8	151	3	992	21
22	Carpeting room 709	2007	591	74	8	74		470	22
23	Room 603 wallpaper, window coverings, lighting	2007	815	4	8	102	98	629	23
24	Room 612, lighting, flooring	2007	673	84	8	84		518	24
25	Room 604 window coverings	2007	55		1			55	25
26	Wallcoverings hall and 4 rooms	2007	1,400	175	8	175		1,072	26
27	Gate concrete pad	2007	725		3			725	27
28	Plumbing wing 1	2007	2,500	313	8	313		1,899	28
29	Fire alarm system upgrade	2007	4,150	100	8	519	419	3,138	29
30	Driveway curbing	2008	3,300	220	15	220		1,240	30
31	Plumbing, lighting, wallpaper	2008	7,686	864	8	961	97	5,729	31
32	Carpeting and door replacement	2008	1,200	137	8	150	13	894	32
33	Fireproofing and sprinklers	2008	33,288	3,376	15	2,219	(1,157)	13,004	33
34	TOTAL (lines 1 thru 33)		\$ 5,053,814	\$ 126,245		\$ 119,825	\$ (6,420)	\$ 3,151,296	34

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

Facility Name & ID Number Maple Lawn Health Center

0042424

Report Period Beginning:

1/1/2013

Ending:

12/31/13

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

1	2	3	4	5	6	7	8	9	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	\$ 126,245		\$ 119,825	\$ (6,420)	\$ 3,151,296	1
2	Drainage work	2008	3,460	231	15	231		1,329	2
3	Eyewash station in kitchen	2008	1,250	156	8	156		888	3
4	Baseboards, wallpaper, carpeting	2008	1,825	183	10	183		1,052	4
5	Air conditioning repairs	2008	6,800	850	8	850		4,653	5
6	Elevator repairs	2008	1,206		3			1,206	6
7	Emergency exit lighting	2008	1,394	174	8	174		929	7
8	Bath tub fixture	2008	729	49	15	49		248	8
9	Wing 1 & Hall 1 draperies, wallpaper, lighting	2008	7,328	1,040	8	916	(124)	5,456	9
10	Draperies, wallpaper, & baseboards	2008	7,251	776	8	906	130	5,402	10
11	Contractor labor & materials for dining room	2008	12,087	1,511	8	1,511		9,008	11
12	Dining room tear-down, tiling, painting, trim	2008	5,716	715	8	715		4,262	12
13	Gazebo shingles & vinyl	2009	372	61	7	53	(8)	234	13
14	Chapel fans, shades, ceiling tile & fixtures	2009	9,289	870	5	1,858	988	8,333	14
15	Flooring for rooms 705, 605, 609	2009	1,915	192	10	192		791	15
16	Sod, mulch, road repairs	2010	2,170	163	15	145	(18)	441	16
17	Carpet, Vinyl, Blinds front office & restroom	2010	3,856	612	10	386	(226)	1,494	17
18	2 boiler pumps and douglas fir	2011	3,356	224	15	224		460	18
19	Circuit breaker, wall heater, wanderguard monitor, A/C	2011	4,138	218	15	276	58	793	19
20	Serenity walls, floor, electrical	2011	80,450	5,363	15	5,363		13,856	20
21	Physician office floor, wall, electrical	2011	7,767	518	15	518		1,080	21
22	Fire Safety doors	2012	7,730	515	15	515		730	22
23	Smoke dampers	2012	7,178	256	28	256		384	23
24	Wing 5 remodel - window replacement, painting, electrical, floorin	2012	27,808	4,115	10	2,781	(1,334)	5,181	24
25	Landscaping - Administration Building	2009	6,435	1,287	5	1,287		2,145	25
26	Administration Building	2009	1,710,294	42,757	40	42,757		71,262	26
27	Administration Building key fob entry system	2009	1,532	153	10	153		266	27
28	Administration Building wooden sign	2009	2,065	138	15	138		276	28
29	Wing 1 remodel - window replacement, painting, wallpaper, beadb	2013	32,884	2,162	10	1,918	(244)	1,918	29
30	Wing 6 & 7 remodel - painting, carpeting, room signs	2013	14,946	953	10	872	(81)	872	30
31	7 new Sprinkler Heads	2013	4,800	26	15	26		26	31
32	Boiler Repair	2013	1,826	81	15	81		81	32
33	Wanderguard System	2013	1,524	8	15	8		8	33
34	TOTAL (lines 1 thru 33)		\$ 7,035,195	\$ 192,602		\$ 185,323	\$ (7,279)	\$ 3,296,360	34

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

Facility Name & ID Number Maple Lawn Health Center

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 7,035,195	\$ 192,602		\$ 185,323	\$ (7,279)	\$ 3,296,360	1
2									2
3									3
4									4
5									5
6									6
7									7
8	Maple Lawn Homes, Inc. Alloc.					7,535	7,535		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)		\$ 7,035,195	\$ 192,602		\$ 192,858	\$ 256	\$ 3,296,360	34

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

Facility Name & ID Number **Maple Lawn Health Center**

0042424

Report Period Beginning:

1/1/2013

Ending:

12/31/13

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	\$ 348,363	\$ 35,016	\$ 35,016	\$	various	\$ 248,250	71
72	Current Year Purchases	22,017	1,584	1,584		5-10 yrs	1,584	72
73	Fully Depreciated Assets	161,797				various	161,797	73
74	Maple Lawn Homes, Inc. Alloc.			7,921	7,921			74
75	TOTALS	\$ 532,177	\$ 36,600	\$ 44,521	\$ 7,921		\$ 411,631	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)	\$ 7,578,812	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 229,202	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 237,379	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 8,177	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,717,045	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	\$ 16,336	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 21,141	\$ 480	\$ 16,336	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.

Facility Name & ID Number Maple Lawn Health Center

0042424

Report Period Beginning: 1/1/2013

Ending: 12/31/13

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. _____ /2014 \$ _____

13. _____ /2015 \$ _____

14. _____ /2016 \$ _____

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: \$ N/A 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	<u>N/A</u>				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.

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>It is the policy of this facility to only hire certified nurses aides. If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		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	Cost	Units	Cost				
1	Licensed Occupational Therapist	10A(3)	hrs	\$	1,911	\$ 142,545	\$	1,911	\$ 142,545	1
2	Licensed Speech and Language Development Therapist	10A(3)	hrs		326	34,524		326	34,524	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10A (2), (3)	hrs		2,657	208,075	1,466	2,657	209,541	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39(2)	# of prescripts				88,180		88,180	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):									13
14	TOTAL			\$	4,894	\$ 385,144	\$ 89,646	4,894	\$ 474,790	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 Center# 0042424Report Period Beginning: 1/1/2013

Ending:

12/31/13

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/13

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 253,500	\$ 253,500	1
2	Cash-Patient Deposits	9,403	9,403	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	862,170	862,170	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	52,368	52,368	6
7	Other Prepaid Expenses	13,570	13,570	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Intercompany</u>	1,938,546	1,938,546	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,129,557	\$ 3,129,557	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	6,756,638	7,035,195	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	609,494	541,231	16
17	Accumulated Depreciation (book methods)	(3,648,854)	(3,717,045)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	899,871	899,871	21
22	Other Long-Term Assets (spec <u>Ppd loan costs</u>)	227,641	227,641	22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,005,172	\$ 5,147,275	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,134,729	\$ 8,276,832	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 211,345	\$ 211,345	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	9,404	9,404	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	167,227	167,227	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	24,827	24,827	32
33	Accrued Interest Payable	3,079	3,079	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accrued Expenses</u>	81,390	81,390	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 497,272	\$ 497,272	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	743,049	743,049	39
40	Mortgage Payable	4,480,400	4,480,400	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 5,223,449	\$ 5,223,449	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 5,720,721	\$ 5,720,721	46
47	TOTAL EQUITY(page 18, line 24)	\$ 2,414,008	\$ 2,556,111	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 8,134,729	\$ 8,276,832	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,522,342	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,522,342	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(108,334)	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)	\$ (108,334)	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)	\$ 2,414,008	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Maple Lawn Health Center# 0042424Report Period Beginning: 1/1/2013

Ending:

12/31/13

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	\$ 6,548,782	1	
2	Discounts and Allowances for all Levels	(1,867,096)	2	
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 4,681,686	3	
B. Ancillary Revenue				
4	Day Care		4	
5	Other Care for Outpatients		5	
6	Therapy	833,483	6	
7	Oxygen	8,200	7	
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 841,683	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	750	12	
13	Barber and Beauty Care	2,530	13	
14	Non-Patient Meals	98,225	14	
15	Telephone, Television and Radio		15	
16	Rental of Facility Space		16	
17	Sale of Drugs	77,129	17	
18	Sale of Supplies to Non-Patients		18	
19	Laboratory	16,571	19	
20	Radiology and X-Ray	3,923	20	
21	Other Medical Services	195,806	21	
22	Laundry	306	22	
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 395,240	23	
D. Non-Operating Revenue				
24	Contributions	158,762	24	
25	Interest and Other Investment Income***	226	25	
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 158,988	26	
E. Other Revenue (specify):****				
27	Settlement Income (Insurance, Legal, Etc.)		27	
28			28	
28a		30,443	28a	
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 30,443	29	
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 6,108,040	30	

		2		
II. Expenses		Amount		
A. Operating Expenses				
31	General Services	1,180,119	31	
32	Health Care	2,668,053	32	
33	General Administration	1,514,484	33	
B. Capital Expense				
34	Ownership	444,876	34	
C. Ancillary Expense				
35	Special Cost Centers	209,239	35	
36	Provider Participation Fee	199,603	36	
D. Other Expenses (specify):				
37			37	
38			38	
39			39	
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 6,216,374	40	
41	Income before Income Taxes (line 30 minus line 40)**	(108,334)	41	
42	Income Taxes		42	
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (108,334)	43	

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,728,305	44
45	Private Pay - Net Inpatient Revenue	2,452,223	45
46	Medicare - Net Inpatient Revenue	501,158	46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 4,681,686	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 Center

0042424

Report Period Beginning: 1/1/2013

Ending: 12/31/13

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,920	2,080	\$ 69,232	\$ 33.28	1
2	Assistant Director of Nursing	1,858	2,137	64,420	30.15	2
3	Registered Nurses	11,817	12,593	333,756	26.50	3
4	Licensed Practical Nurses	12,240	13,156	290,244	22.06	4
5	CNAs & Orderlies	71,488	76,421	963,095	12.60	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,842	2,081	32,697	15.71	8
9	Activity Director	2,040	2,100	32,631	15.54	9
10	Activity Assistants	6,112	6,498	71,322	10.98	10
11	Social Service Workers	3,128	3,442	54,731	15.90	11
12	Dietician	1,944	2,100	51,838	24.68	12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	19,943	21,618	258,363	11.95	15
16	Dishwashers					16
17	Maintenance Workers	2,073	2,388	60,124	25.18	17
18	Housekeepers	12,249	13,242	168,784	12.75	18
19	Laundry	3,503	3,805	43,941	11.55	19
20	Administrator	1,696	1,862	76,952	41.33	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	2,991	3,187	34,587	10.85	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,749	1,961	21,105	10.76	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Marketing</u>	567	567	14,195	25.04	33
34	TOTAL (lines 1 - 33)	159,160	171,238	\$ 2,642,017 *	\$ 15.43	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	Monthly	12,000	L9, C3	36
37	Medical Records Consultant				37
38	Nurse Consultant	94	7,847	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	28	1,792	L11, C3	44
45	Social Service Consultant	48	3,072	L12, C3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	170	\$ 24,711		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	502	\$ 17,827	L10, C3	50
51	Licensed Practical Nurses	3,254	107,326	L10, C3	51
52	Certified Nurse Assistants/Aides	3,032	60,953	L10, C3	52
53	TOTAL (lines 50 - 52)	6,788	\$ 186,106		53

Facility Name & ID Number Maple Lawn Health Center

0042424

Report Period Beginning: 1/1/2013

Ending: 12/31/13

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	
<u>Nyla Krabbenhoft</u>	<u>Administrator</u>	<u>0</u>	<u>\$ 76,952</u>	<u>Workers' Compensation Insurance</u>	<u>\$ 171,671</u>	<u>IDPH License Fee</u>	<u>\$</u>	
				<u>Unemployment Compensation Insurance</u>	<u>8,325</u>	<u>Advertising: Employee Recruitment</u>	<u>6,215</u>	
				<u>FICA Taxes</u>	<u>194,725</u>	<u>Health Care Worker Background Check</u>	<u>476</u>	
				<u>Employee Health Insurance</u>	<u>150,011</u>	<u>(Indicate # of checks performed <u>35</u>)</u>		
				<u>Employee Meals</u>	<u>9,455</u>	<u>Patient Background Checks</u>	<u>76</u>	
				<u>Illinois Municipal Retirement Fund (IMRF)*</u>		<u>Illinois Health Care Association</u>	<u>3,336</u>	
				<u>Employee Pension Plan</u>	<u>18,711</u>	<u>Mennonite Health Services</u>	<u>9,259</u>	
				<u>Employee Life/Disability</u>	<u>6,620</u>	<u>Misc Dues & Licenses</u>	<u>1,191</u>	
				<u>Employee Physicals, Hep. B.</u>	<u>5,829</u>	<u>Med-Pass</u>	<u>2,676</u>	
				<u>Employee Appreciation</u>	<u>16,029</u>	<u>Maple Lawn Homes, Inc. Alloc.</u>	<u>13,742</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)			\$ 76,952	TOTAL (agree to Schedule V, line 22, col.8)	\$ 639,299	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 37,735	
(List each licensed administrator separately.)								
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
<u>Management Fees-See Page 6, Eliminated on P 3, C 7</u>			<u>\$ 542,786</u>	<u>N/A</u>			<u>Out-of-State Travel</u>	<u>\$</u>
							<u>In-State Travel</u>	
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 542,786	TOTAL		\$	<u>Seminar Expense</u>	<u>13,019</u>
(Attach a copy of any management service agreement)							<u>Maple Lawn Homes, Inc. Alloc.</u>	<u>5,303</u>
							<u>Entertainment Expense</u>	<u>()</u>
							TOTAL (agree to Sch. V, line 24, col. 8)	\$ 18,322
C. Professional Services								
Vendor/Payee	Type		Amount					
<u>Jackson Lewis, LLP</u>	<u>Legal</u>		<u>\$ 25,473</u>					
<u>Gregory C. Knapp</u>	<u>Legal</u>		<u>1,663</u>					
<u>Heinold-Banwart Ltd.</u>	<u>Audit</u>		<u>14,350</u>					
<u>Phillips, Salmi & Associates</u>	<u>Accounting</u>		<u>3,800</u>					
<u>Templin Healthcare Accounting</u>	<u>Cost Report preparation</u>		<u>3,800</u>					
<u>Kronos</u>	<u>Timeclock Maintenance</u>		<u>5,937</u>					
<u>PC Mall</u>	<u>Computer Service</u>		<u>1,017</u>					
<u>Ability Network</u>	<u>Computer Service</u>		<u>3,900</u>					
<u>MDI Achieve</u>	<u>Computer Service</u>		<u>22,883</u>					
<u>AV Powell</u>	<u>Financial Services</u>		<u>995</u>					
TOTAL (agree to Schedule V, line 19, column 3)			\$ 83,818					
(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 Center# 0042424Report Period Beginning: 1/1/2013Ending: 12/31/13**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. 3,336 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 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 37,958 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. \$ 199,603
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. \$ 9,455 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 98,975
- (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 Center
 ID # 0042424

Period Beginning
 Period End

1/1/2013
12/31/13

ATTACHED SCHEDULE I

SCHEDULE V - LINE 24 - TRAVEL AND SEMINAR

Name	Description	Non-Allow Out of St.	Allowable Travel Expenses				Seminar or Annual Exp	Total Travel & Seminar
			Travel	Meals	Lodging	Total		
American Assoc of Nurses	educ mat for Deleta					\$ -	\$ 120.00	\$ 120.00
Elete Inc	CPR Class - in house					\$ -	\$ 675.00	\$ 675.00
Life Services Network	MDS Training-Terri,Jeanna					\$ -	\$ 1,100.00	\$ 1,100.00
Pathway Health Services	Restorative Training					\$ -	\$ 899.00	\$ 899.00
Pathway Health Services	Restorative Training					\$ -	\$ 899.00	\$ 899.00
Courtyard by Marriott	Restorative Training				\$ 241.98	\$ 241.98	\$ -	\$ 241.98
Courtyard by Marriott	Restorative Training				\$ 241.98	\$ 241.98	\$ -	\$ 241.98
Courtyard by Marriott	Restorative Training				\$ 288.27	\$ 288.27	\$ -	\$ 288.27
Terri Burns	Seminar parking					\$ -	\$ 21.00	\$ 21.00
Courtyard by Marriott	Restorative Training				\$ 264.18	\$ 264.18	\$ -	\$ 264.18
Eureka IGA	Snacks - Nurses Mtg - In house			\$ 49.58		\$ 49.58	\$ -	\$ 49.58
Continuing Educ Partner.com	Alzheimer's Disease - L.Brown					\$ -	\$ 129.00	\$ 129.00
Continuing Educ Partner.com	Alzheimer's Disease- Soc.Serv.					\$ -	\$ 129.00	\$ 129.00
Rockhurst University	Soc.Serv/Adv Workshop					\$ -	\$ 199.00	\$ 199.00
QCR (Therapy Mgmt Services) (PTS)	Therapy Meetings/Jan-Dec					\$ -	\$ 3,210.15	\$ 3,210.15
Eureka IGA	Therapy Meetings/Jan-Dec			\$ 40.43		\$ 40.43	\$ -	\$ 40.43
U of I Extension	Sanitation Refresher course					\$ -	\$ 40.00	\$ 40.00
Woodford County Health Dept	Sanitation Refresher course					\$ -	\$ 180.00	\$ 180.00
Kent Duffield	Civic Center Sem Parking					\$ -	\$ 14.00	\$ 14.00
Fred Pryor Seminar	T.Filson,L.Brown/Staff to Supvsr					\$ -	\$ 298.00	\$ 298.00
McKesson Medical/Surgical	In house HC Staff Training 2013					\$ -	\$ 803.00	\$ 803.00
Mennonite Health Assembly	2013 Assembly					\$ -	\$ 12.98	\$ 12.98
Mennonite Health Assembly	2013 Assembly					\$ -	\$ 394.00	\$ 394.00
United Airlines	Mennonite Assembly	\$ 496.00				\$ -	\$ -	\$ -
Wyndham Orlando	MHS Conference	\$ 222.76				\$ -	\$ -	\$ -
IL Healthcare Association	Webinar					\$ -	\$ 35.00	\$ 35.00
INHAA	Conference in Springfield					\$ -	\$ 95.00	\$ 95.00
Holiday Inn Express	INHAA Conf in Springfield				\$ 241.92	\$ 241.92	\$ -	\$ 241.92
Laura Collins	Reimb In house mtg food/supplies			\$ 59.88		\$ 59.88	\$ -	\$ 59.88

FACILITY NAME: Maple Lawn Health Center
 ID # 0042424

Period Beginning 1/1/2013
 Period End 12/31/13

ATTACHED SCHEDULE I

SCHEDULE V - LINE 24 - TRAVEL AND SEMINAR

Name	Description	Non-Allow Out of St.	Allowable Travel Expenses				Seminar or Annual Exp	Total Travel & Seminar
			Travel	Meals	Lodging	Total		
Omnicare	Regis fee for PPC Event - HC Adm					\$ -	\$ 843.00	\$ 843.00
IL Healthcare Association	16th Annual Resources Seminar					\$ -	\$ 25.00	\$ 25.00
Busy Corner	Compliance Officer Meeting			\$ 53.97		\$ 53.97	\$ -	\$ 53.97
The Whistle Stop	IV Training			\$ 22.92		\$ 22.92	\$ -	\$ 22.92
IL Healthcare Association	webinar - Nyla & Terri					\$ -	\$ 90.00	\$ 90.00
	Redistribute Nyla CC					\$ -	\$ 25.00	\$ 25.00
IL Council on LT Care	Medicaid RUG48 Seminar					\$ -	\$ 210.00	\$ 210.00
Bradley University	Culture Change Coalition Mtg					\$ -	\$ 15.00	\$ 15.00
Direct Supply	2013 LT Care Survey					\$ -	\$ 162.48	\$ 162.48
INHAA	Summerfest Conference					\$ -	\$ 95.00	\$ 95.00
IL Healthcare Association	63rd Annual Conf Trade Show					\$ -	\$ 795.00	\$ 795.00
	Maple Lawn Homes allocation					\$ -	\$ 5,303.00	\$ 5,303.00
		\$ 718.76	\$ -	\$ 226.78	\$ 1,278.33	\$ 1,505.11	\$ 16,816.61	\$ 18,321.72

FACILITY NAME: Maple Lawn Health Center
ID # 0042424

Period Beginning 1/1/2013
Period End 12/31/13

ATTACHED SCHEDULE II

SCHEDULE V - LINE 25 - OTHER ADMIN. STAFF TRANSPORTATION

Care Related Vehicle Expenses:

Repairs	1,756
Mileage reimbursement for allowable travel	2,814
Fuel and miscellaneous supplies	4,273
Allocated from Maple Lawn Homes, Inc.	2,703
	<u>11,546</u>

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustments	Adjusted Total
1. Dietary	310,201	21,941	0	332,142	0	332,142	0	332,142
2. Food Purchase	0	338,975	0	338,975	0	338,975	-98,975	240,000
3. Housekeeping	168,784	29,545	0	198,329	0	198,329	0	198,329
4. Laundry	43,941	0	0	43,941	0	43,941	0	43,941
5. Heat and Other Utilities	0	0	131,903	131,903	0	131,903	7,170	139,073
6. Maintenance	60,124	13,956	48,202	122,282	0	122,282	5,239	127,521
7. Other (specify)*	0	0	12,547	12,547	0	12,547	510	13,057
8. Total General Services	583,050	404,417	192,652	1,180,119	0	1,180,119	-86,056	1,094,063
9. Medical Director	0	0	12,000	12,000	0	12,000	0	12,000
10. Nursing & Medical Records	1,741,852	130,127	193,953	2,065,932	0	2,065,932	0	2,065,932
10a. Therapy	32,697	1,466	385,144	419,307	0	419,307	0	419,307
11. Activities	103,953	6,543	1,792	112,288	0	112,288	-2,843	109,445
12. Social Services	54,731	723	3,072	58,526	0	58,526	35,021	93,547
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	1,933,233	138,859	595,961	2,668,053	0	2,668,053	32,178	2,700,231
17. Administrative	76,952	0	542,786	619,738	0	619,738	-390,720	229,018
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	83,818	83,818	0	83,818	3,591	87,409
20. Fees, Subscriptions & Promotion	0	0	26,072	26,072	0	26,072	11,663	37,735
21. Clerical & General Office	34,587	12,441	13,599	60,627	0	60,627	261,416	322,043
22. Employee Benefits & Payroll	0	0	581,376	581,376	0	581,376	57,923	639,299
23. Inservice Training & Education	0	0	0	0	0	0	0	0
24. Travel and Seminar	0	0	13,738	13,738	0	13,738	4,584	18,322
25. Other Admin. Staff Trans	0	4,273	4,570	8,843	0	8,843	2,703	11,546
26. Insurance-Prop.Liab.Malpractice	0	0	120,272	120,272	0	120,272	4,430	124,702
27. Other (specify)*	0	0	0	0	0	0	0	0
28. Total General Adminis	111,539	16,714	1,386,231	1,514,484	0	1,514,484	-44,410	1,470,074
29. Total General Administrative	2,627,822	559,990	2,174,844	5,362,656	0	5,362,656	-98,288	5,264,368
30. Depreciation	0	0	229,682	229,682	0	229,682	7,697	237,379
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	189,025	189,025	0	189,025	-22,029	166,996
33. Real Estate	0	0	26,169	26,169	0	26,169	-1,697	24,472

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	444,876	444,876	0	444,876	-16,029	428,847
38. Medically Necessary T	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	88,180	0	88,180	0	88,180	0	88,180
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	199,603	199,603	0	199,603	0	199,603
43. Other (specify):*	14,195	445	106,419	121,059	0	121,059	-121,059	0
44. Total Special Cost Ce	14,195	88,625	306,022	408,842	0	408,842	-121,059	287,783
45. Grand Total	2,642,017	648,615	2,925,742	6,216,374	0	6,216,374	-235,376	5,980,998

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	253,500	253,500
2. Cash - Patient Deposits	9,403	9,403
3. Accounts & Notes Receivable	862,170	862,170
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	52,368	52,368
7. Other Prepaid Expenses	13,570	13,570
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	1,938,546	1,938,546
10. Total current assets	3,129,557	3,129,557
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	6,756,638	7,035,195
15. Leasehold Improvements, Historical Cost	0	0
16. Equipment, at Historical Cost	609,494	541,231
17. Accumulated Depreciation (book methods)	-3,648,854	-3,717,045
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	899,871	899,871
22. Other Long-Term Assets (specify):	227,641	227,641
23. other (specify):	0	0
24. Total Long-Term Assets	5,005,172	5,147,275
25. Total Assets	8,134,729	8,276,832
CURRENT LIABILITIES		
26. Accounts Payable	211,345	211,345
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	9,404	9,404
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	167,227	167,227
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	24,827	24,827
33. Accrued Interest Payable	3,079	3,079
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	81,390	81,390

37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	497,272	497,272
LONG TERM LIABILITES		
39. Long-Term Notes Payable	743,049	743,049
40. Mortgage Payable	4,480,400	4,480,400
41. Bonds Payable	0	0
42. Deferred Compensation	0	0
43. Other Long-Term Liabilities (specify):	0	0
44. Other Long-Term Liabilities (specify):	0	0
45. Total Long-Term Liabilities	5,223,449	5,223,449
46. Total Liabilities	5,720,721	5,720,721
47. Total Equity	2,414,008	2,556,111
48. Total Liabilities and Equity	8,134,729	8,276,832

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	6,548,782
2. Discounts and Allowances for all Levels	-1,867,096
Subtotal - Inpatient Care	4,681,686
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	833,483
7. Oxygen	8,200
Subtotal - Anciliary Revenue	841,683
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	750
13. Barber and Beauty Care	2,530
14. Non-Patient Meals	98,225
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	77,129
18. Sale of Supplies to Non-Patients	0
19. Laboratory	16,571
20. Radiology and X-Ray	3,923
21. Other Medical Services	195,806
22. Laundry	306
Subtotal - Other Operating Revenue	395,240
24. Contributions	158,762
25. Interest and Other Investments Income	226
Subtotal - Non-Operating Revenue	158,988
27. Other Revenue (specify):	0
28. Other Revenue (specify):	30,443
Subtotal - Other Revenue	30,443
30. Total Revenue	6,108,040
31. General Services	1,180,119
32. Health Care	2,668,053
33. General Administration	1,514,484
34. Ownership	444,876

35. Special Cost Centers	209,239
35. Provider Participation Fee	199,603
37. Other	0
40. Total Expenses	6,216,374
41. Income Before Income Taxes	-108,334
42. Income Taxes	0
43. Net Income or Loss for the Year	-108,334