

Facility Name & ID Number Maplewood Care

0040428 Report Period Beginning: 01/01/13 Ending: 12/31/13

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	203	Skilled (SNF)	203	74,095	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	203	TOTALS	203	74,095	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	61,104	1,479	5,345	67,928	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	61,104	1,479	5,345	67,928	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 91.68%

D. How many bed-hold days during this year were paid by the Department? None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
None

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES NO

I. On what date did you start providing long term care at this location?
Date started 4/1/1993

J. Was the facility purchased or leased after January 1, 1978?
YES Date 4/1/1993 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 203 and days of care provided 3,080

Medicare Intermediary CGS Administrators

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.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Maplewood Care

0040428

Report Period Beginning:

01/01/13

Ending:

12/31/13

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	299,174	33,381	42,408	374,963		374,963	(16,806)	358,157		1
2	Food Purchase		342,443		342,443	(34,493)	307,951	(74)	307,876		2
3	Housekeeping	244,114	47,093		291,207		291,207		291,207		3
4	Laundry	93,484	20,342		113,826		113,826		113,826		4
5	Heat and Other Utilities			182,986	182,986		182,986	(29,273)	153,713		5
6	Maintenance	50,724	37,047	212,101	299,872		299,872	(5,091)	294,781		6
7	Other (specify):*							5,491	5,491		7
8	TOTAL General Services	687,496	480,306	437,495	1,605,297	(34,493)	1,570,805	(45,753)	1,525,051		8
	B. Health Care and Programs										
9	Medical Director			2,400	2,400		2,400		2,400		9
10	Nursing and Medical Records	2,473,016	166,015	65,833	2,704,864		2,704,864	(33,167)	2,671,697		10
10a	Therapy	164,539	669	22,737	187,945		187,945	(9,554)	178,391		10a
11	Activities	110,514	17,451	2,856	130,821		130,821		130,821		11
12	Social Services	248,406		18,592	266,998		266,998		266,998		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*							3,996	3,996		15
16	TOTAL Health Care and Programs	2,996,475	184,135	112,418	3,293,028		3,293,028	(38,725)	3,254,303		16
	C. General Administration										
17	Administrative	94,267		486,230	580,497		580,497	(369,852)	210,645		17
18	Directors Fees										18
19	Professional Services			194,878	194,878	(127)	194,751	(113,954)	80,797		19
20	Dues, Fees, Subscriptions & Promotions			46,228	46,228		46,228	(24,541)	21,687		20
21	Clerical & General Office Expenses	201,183	24,216	156,585	381,984		381,984	49,451	431,435		21
22	Employee Benefits & Payroll Taxes			516,619	516,619	34,493	551,112		551,112		22
23	Inservice Training & Education										23
24	Travel and Seminar			4,706	4,706		4,706	1,270	5,976		24
25	Other Admin. Staff Transportation			5,581	5,581		5,581	9,880	15,461		25
26	Insurance-Prop.Liab.Malpractice			147,153	147,153		147,153	1,998	149,151		26
27	Other (specify):*							41,635	41,635		27
28	TOTAL General Administration	295,450	24,216	1,557,980	1,877,646	34,366	1,912,012	(404,113)	1,507,899		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,979,421	688,657	2,107,893	6,775,971	(127)	6,775,844	(488,591)	6,287,253		29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number

Maplewood Care

#0040428

Report Period Beginning:

01/01/13

Ending:

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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			155,967	155,967		155,967	225,468	381,435			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			49,366	49,366		49,366	485,465	534,831			32
33	Real Estate Taxes					127	127	104,851	104,978			33
34	Rent-Facility & Grounds			912,000	912,000		912,000	(912,000)				34
35	Rent-Equipment & Vehicles			4,358	4,358		4,358	6,214	10,572			35
36	Other (specify):*											36
37	TOTAL Ownership			1,121,691	1,121,691	127	1,121,818	(90,002)	1,031,816			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		194,213	342,683	536,896		536,896	(6,208)	530,688			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			505,466	505,466		505,466		505,466			42
43	Other (specify):*	36,762			36,762		36,762	(36,762)				43
44	TOTAL Special Cost Centers	36,762	194,213	848,149	1,079,124		1,079,124	(42,970)	1,036,154			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,016,183	882,870	4,077,733	8,976,786		8,976,786	(621,563)	8,355,223			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maplewood Care

0040428

Report Period Beginning:

01/01/13

Ending:

12/31/13

VI. ADJUSTMENT DETAIL

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(31,447)	05		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	203,015	30		9
10	Interest and Other Investment Income	(829)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(74)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment	(1,900)	20		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	(51,276)	21		24
25	Fund Raising, Advertising and Promotional	(7,043)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(5,600)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(7,148)	20		28
29	Other-Attach Schedule	(85,618)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ 12,080		\$	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)	(633,643)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (633,643)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (621,563)		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.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

SEE ACCOUNTANTS' COMPILATION REPORT

Maplewood Care

ID# 0040428

Report Period Beginning: 01/01/13

Ending: 12/31/13

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Additional R&M	11,661	06	1
2	Legal Fees- Collections	(6,893)	19	2
3	Bank Fees	(6,130)	21	3
4	Theft and Damage	(2,686)	21	4
5	Misc. Income	(185)	21	5
6	Additional Seminar Expense	297	24	6
7	Prior Period Lab Expense	(6,208)	39	7
8	Capitalized R&M	(7,186)	06	8
9	Cope Dues	(8,917)	20	9
10	Non-Allowable Legal	(2,404)	19	10
11	Marketing wages	(36,762)	43	11
12				12
13				13
14				14
15				15
16	Building Co:			16
17	Amort. Of Loan Fees	(18,775)	36	17
18	Filing Fees	(250)	20	18
19	Office Expense	(23)	21	19
20	Professional Fees	(1,157)	19	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	(85,618)	49

Maplewood Care

ID# 0040428

Report Period Beginning: 01/01/13

Ending: 12/31/13

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
50		\$		1
51				2
52				3
53				4
54				5
55				6
56				7
57				8
58				9
59				10
60				11
61				12
62				13
63				14
64				15
65				16
66				17
67				18
68				19
69				20
70				21
71				22
72				23
73				24
74				25
75				26
76				27
77				28
78				29
79				30
80				31
81				32

82				33
83				34
84				35
85				36
86				37
87				38
88				39
89				40
90				41
91				42
92				43
93				44
94				45
95				46
96				47
97				48
98	Total		0	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Maplewood Care# 0040428

Report Period Beginning:

01/01/13

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				(16,806)								(16,806)	1
2	Food Purchase	(74)											(74)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(31,447)			2,174								(29,273)	5
6	Maintenance	4,475		(14,281)	4,715								(5,091)	6
7	Other (specify):*			625	4,866								5,491	7
8	TOTAL General Services	(27,046)		(13,656)	(5,051)								(45,753)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records			(41,427)	8,260								(33,167)	10
10a	Therapy				(9,554)								(9,554)	10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*			1,273	2,723								3,996	15
16	TOTAL Health Care and Programs			(40,154)	1,429								(38,725)	16
	C. General Administration													
17	Administrative			(458,263)	88,411								(369,852)	17
18	Directors Fees													18
19	Professional Services	(10,454)	1,157	(120,651)	15,994								(113,954)	19
20	Fees, Subscriptions & Promotions	(25,258)	250	467									(24,541)	20
21	Clerical & General Office Expenses	(65,900)	23	115,254	74								49,451	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar	297		973									1,270	24
25	Other Admin. Staff Transportation			9,880									9,880	25
26	Insurance-Prop.Liab.Malpractice			1,844	154								1,998	26
27	Other (specify):*			24,065	17,570								41,635	27
28	TOTAL General Administration	(101,315)	1,430	(426,431)	122,203								(404,113)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(128,361)	1,430	(480,241)	118,581								(488,591)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Maplewood Care

0040428

Report Period Beginning:

01/01/13

Ending:

12/31/13

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	203,015	15,894		6,559								225,468	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(829)	496,335	(16,868)	6,827								485,465	32
33	Real Estate Taxes		98,558		6,293								104,851	33
34	Rent-Facility & Grounds		(912,000)										(912,000)	34
35	Rent-Equipment & Vehicles			6,214									6,214	35
36	Other (specify):*	(18,775)	18,775											36
37	TOTAL Ownership	183,411	(282,438)	(10,654)	19,679								(90,002)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers	(6,208)											(6,208)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(36,762)											(36,762)	43
44	TOTAL Special Cost Centers	(42,970)											(42,970)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	12,080	(281,008)	(490,895)	138,260								(621,563)	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Page 6- Supplemental		See Page 6- Supplemental		See Page 6- Supplemental		

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	34 Rental Income	\$ 912,000	Maplewood-Jane, LLC	100.00%	\$	\$ (912,000)	1
2	V	36 Amort. Of Loan Fees		Maplewood-Jane, LLC	100.00%	18,775	18,775	2
3	V	30 Depreciation		Maplewood-Jane, LLC	100.00%	15,894	15,894	3
4	V	20 Filing Fees		Maplewood-Jane, LLC	100.00%	250	250	4
5	V	32 Interest Expense		Maplewood-Jane, LLC	100.00%	496,335	496,335	5
6	V	21 Office Expense		Maplewood-Jane, LLC	100.00%	23	23	6
7	V	19 Professional Fees		Maplewood-Jane, LLC	100.00%	1,157	1,157	7
8	V	33 Real Estate Tax		Maplewood-Jane, LLC	100.00%	105,000	105,000	8
9	V	33 Real Estate Tax Prior	6,442	Maplewood-Jane, LLC	100.00%		(6,442)	9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 918,442			\$ 637,434	\$ * (281,008)	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	6 REPAIRS AND MAINT.	\$ 24,360	S.I.R. MANAGEMENT, INC.	100.00%	\$ 10,079	\$ (14,281)
16	V	7 EMP. BEN.-GEN. SERV.		S.I.R. MANAGEMENT, INC.	100.00%	625	625
17	V	10 NURSING	51,156	S.I.R. MANAGEMENT, INC.	100.00%	9,729	(41,427)
18	V	15 EMP. BEN.-H.C.		S.I.R. MANAGEMENT, INC.	100.00%	1,273	1,273
19	V	19 PROFESSIONAL FEES	140,748	S.I.R. MANAGEMENT, INC.	100.00%	15,891	(124,857)
20	V	20 FEES,SUBSCRIPTIONS		S.I.R. MANAGEMENT, INC.	100.00%	467	467
21	V	21 CLERICAL & GENERAL	48,720	S.I.R. MANAGEMENT, INC.	100.00%	55,613	6,893
22	V	24 EDUCATION & SEMINAR		S.I.R. MANAGEMENT, INC.	100.00%	973	973
23	V	25 OTHER ADMIN. STAFF TRANS.		S.I.R. MANAGEMENT, INC.	100.00%	9,880	9,880
24	V	26 INSURANCE		S.I.R. MANAGEMENT, INC.	100.00%	1,844	1,844
25	V	27 EMP. BEN.-GEN. ADMIN.		S.I.R. MANAGEMENT, INC.	100.00%	7,817	7,817
26	V	32 INTEREST		S.I.R. MANAGEMENT, INC.	100.00%	(16,868)	(16,868)
27	V	35 EQUIPMENT RENTAL		S.I.R. MANAGEMENT, INC.	100.00%	6,214	6,214
28	V						
29	V	17 ADMINISTRATIVE	486,230	S.I.R. MANAGEMENT, INC.	100.00%	27,967	(458,263)
30	V	19 PROFESSIONAL FEES		S.I.R. MANAGEMENT, INC.	100.00%	4,206	4,206
31	V	21 CLERICAL & GENERAL		S.I.R. MANAGEMENT, INC.	100.00%	108,361	108,361
32	V	27 EMP. BEN.-GEN. ADMIN.		S.I.R. MANAGEMENT, INC.	100.00%	16,248	16,248
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 751,214			\$ 260,319	\$ * (490,895)

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	1	DIETARY SALARIES	\$ 24,360	S.I.R. MANAGEMENT, INC.	100.00%	\$ 7,554	\$ (16,806)	15
16	V	7	EMP. BEN.-DIETARY		S.I.R. MANAGEMENT, INC.	100.00%	994	994	16
17	V	10	NURSING SALARIES		S.I.R. MANAGEMENT, INC.	100.00%	8,260	8,260	17
18	V	15	EMP. BEN.-NURSING		S.I.R. MANAGEMENT, INC.	100.00%	1,076	1,076	18
19	V	17	ADMIN./LEGAL SALARIES		S.I.R. MANAGEMENT, INC.	100.00%	88,411	88,411	19
20	V	19	FIN. CONSULT./REGL. DIR.		S.I.R. MANAGEMENT, INC.	100.00%	15,931	15,931	20
21	V	27	EMP. BEN.-ADMINISTRATIVE		S.I.R. MANAGEMENT, INC.	100.00%	17,570	17,570	21
22	V								22
23	V								23
24	V	10A	DIRECTOR OF SPECIAL REHAB	21,924	S.I.R. MANAGEMENT, INC.	100.00%	12,370	(9,554)	24
25	V	15	EMPLOYEE BENEFITS		S.I.R. MANAGEMENT, INC.	100.00%	1,647	1,647	25
26	V								26
27	V	6	MAINTENANCE SALARIES	22,103	S.I.R. MANAGEMENT, INC.	100.00%	26,006	3,903	27
28	V	7	EMPLOYEE BENEFITS		S.I.R. MANAGEMENT, INC.	100.00%	3,872	3,872	28
29	V								29
30	V	5	UTILITIES		S.I.R. MANAGEMENT, INC.	100.00%	2,174	2,174	30
31	V	6	REPAIRS AND MAINT.		S.I.R. MANAGEMENT, INC.	100.00%	812	812	31
32	V	19	PROFESSIONAL FEES		S.I.R. MANAGEMENT, INC.	100.00%	63	63	32
33	V	21	CLERICAL & GENERAL		S.I.R. MANAGEMENT, INC.	100.00%	74	74	33
34	V	26	INSURANCE		S.I.R. MANAGEMENT, INC.	100.00%	154	154	34
35	V	30	DEPRECIATION		S.I.R. MANAGEMENT, INC.	100.00%	6,559	6,559	35
36	V	32	INTEREST		S.I.R. MANAGEMENT, INC.	100.00%	6,827	6,827	36
37	V	33	REAL ESTATE TAXES		S.I.R. MANAGEMENT, INC.	100.00%	6,293	6,293	37
38	V								38
39	Total		\$ 68,387				\$ 206,647	\$ * 138,260	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

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	39 Ancillary	\$ 9,347	Long Term Care Laboratory, LLC	100.00%	\$ 9,347	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 9,347			\$ 9,347	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maplewood Care

0040428

Report Period Beginning:

01/01/13

Ending:

12/31/13

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maplewood Care # 0040428 Report Period Beginning: 01/01/13 Ending: 12/31/13

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference		
						Hours	Percent	Description	Amount			
1	Elka Abramchick	Relative	Clerical	N/A	See Attached	2.64	8.25%	Alloc. Salary	\$ 3,610	21-7	1	
2	Joey Abramchik	Shareholder	Administrative	2.49%	See Attached	3.3	8.25%	Alloc. Salary	15,931	17-7	2	
3	Bryan Barrish	Relative	Administrative	N/A	See Attached	3.3	7.33%	Alloc. Salary	16,492	17-7	3	
4	Kirsten Barrish	Relative	Clerical	N/A	See Attached	4.12	8.24%	Alloc. Salary	4,155	21-7	4	
5	Sarah Barrish	Relative	Administrative	N/A	See Attached	3.71	8.24%	Alloc. Salary	7,848	17-7	5	
6	Louise Bergthold	Shareholder	Administrative	5.97%	See Attached	4.95	8.25%	Alloc. Salary	16,492	17-7	6	
7	Michael Giannini	Relative	Administrative	N/A	See Attached	2.89	7.23%	Alloc. Salary	13,799	17-7	7	
8	Nenita Guzman	Relative	Dietary	N/A	See Attached	4.12	8.24%	Alloc. Salary	7,554	1-7	8	
9	Jeff Oravec	Shareholder	Administrative	0.50%	See Attached	3.3	8.25%	Alloc. Salary	11,475	17-7	9	
10	See Supplemental Schedule								16,753		10	
11	Where applicable, the amounts reported on this page have been adjusted from the actual costs to reflect only the amounts											11
12	anticipated to be considered allowable by the IL. Dept. of HFS.											12
13								TOTAL	\$ 114,109		13	

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maplewood Care

0040428 Report Period Beginning: 01/01/13 Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maplewood Care

0040428

Report Period Beginning:

01/01/13

Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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	6	REPAIRS AND MAINT.	PATIENT DAYS	823,778	14	\$ 122,226	\$ 54,106	67,928	\$ 10,079	1
2	7	EMP. BEN.-GEN. SERV.	PATIENT DAYS	823,778	14	7,581	67,928	625		2
3	10	NURSING	PATIENT DAYS	823,778	14	117,990	117,990	67,928	9,729	3
4	15	EMP. BEN.-H.C.	PATIENT DAYS	823,778	14	15,435	67,928	1,273		4
5	19	PROFESSIONAL FEES	PATIENT DAYS	823,778	14	192,718	109,921	67,928	15,891	5
6	20	FEES,SUBSCRIPTIONS	PATIENT DAYS	823,778	14	5,665	67,928	467		6
7	21	CLERICAL & GENERAL	PATIENT DAYS	823,778	14	674,435	608,408	67,928	55,613	7
8	24	EDUCATION & SEMINAR	PATIENT DAYS	823,778	14	11,805	67,928	973		8
9	25	OTHER ADMIN. STAFF TRANS	PATIENT DAYS	823,778	14	119,815	67,928	9,880		9
10	26	INSURANCE	PATIENT DAYS	823,778	14	22,368	67,928	1,844		10
11	27	EMP. BEN.-GEN. ADMIN.	PATIENT DAYS	823,778	14	94,799	67,928	7,817		11
12	32	INTEREST	PATIENT DAYS	823,778	14	(204,568)	67,928	(16,868)		12
13	35	EQUIPMENT RENTAL	PATIENT DAYS	823,778	14	75,364	67,928	6,214		13
14										14
15	17	ADMINISTRATIVE	PATIENT DAYS	823,778	14	339,156	339,156	67,928	27,967	15
16	19	PROFESSIONAL FEES	PATIENT DAYS	823,778	14	51,011	67,928	4,206		16
17	21	CLERICAL & GENERAL	PATIENT DAYS	823,778	14	1,314,118	1,179,981	67,928	108,361	17
18	27	EMP. BEN.-GEN. ADMIN.	PATIENT DAYS	823,778	14	197,046	67,928	16,248		18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 3,156,964	\$ 2,409,562		\$ 260,319	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maplewood Care

0040428

Report Period Beginning:

01/01/13

Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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	1	DIETARY SALARIES	PATIENT DAYS	823,778	14	\$ 91,605	\$ 91,605	67,928	\$ 7,554	1
2	7	EMP. BEN.-DIETARY	PATIENT DAYS	823,778	14	12,049	67,928	67,928	994	2
3	10	NURSING SALARIES	PATIENT DAYS	823,778	14	100,168	100,168	67,928	8,260	3
4	15	EMP. BEN.-NURSING	PATIENT DAYS	823,778	14	13,047	67,928	67,928	1,076	4
5	17	ADMIN./LEGAL SALARIES	PATIENT DAYS	823,778	14	1,072,182	1,072,182	67,928	88,411	5
6	19	FIN. CONSULT./REGL. DIR.	PATIENT DAYS	823,778	14	193,200	67,928	67,928	15,931	6
7	27	EMP. BEN.-ADMINISTRATIVE	PATIENT DAYS	823,778	14	213,069	67,928	67,928	17,570	7
8										8
9										9
10	10A	DIRECTOR OF SPECIAL REHA	SPECIAL REHAB INC.	293,544	14	165,622	165,622	21,924	12,370	10
11	15	EMPLOYEE BENEFITS	SPECIAL REHAB INC.	293,544	14	22,047	21,924	21,924	1,647	11
12										12
13	6	MAINTENANCE SALARIES	MAINTENANCE INC.	378,109	14	444,871	444,871	22,103	26,006	13
14	7	EMPLOYEE BENEFITS	MAINTENANCE INC.	378,109	14	66,242	22,103	22,103	3,872	14
15										15
16	5	UTILITIES	ALLOCATED SQ FT	12,879	14	26,365	1,062	1,062	2,174	16
17	6	REPAIRS AND MAINT.	ALLOCATED SQ FT	12,879	14	9,845	1,062	1,062	812	17
18	19	PROFESSIONAL FEES	ALLOCATED SQ FT	12,879	14	768	1,062	1,062	63	18
19	21	CLERICAL & GENERAL	ALLOCATED SQ FT	12,879	14	896	1,062	1,062	74	19
20	26	INSURANCE	ALLOCATED SQ FT	12,879	14	1,870	1,062	1,062	154	20
21	30	DEPRECIATION	ALLOCATED SQ FT	12,879	14	79,536	1,062	1,062	6,559	21
22	32	INTEREST	ALLOCATED SQ FT	12,879	14	82,793	1,062	1,062	6,827	22
23	33	REAL ESTATE TAXES	ALLOCATED SQ FT	12,879	14	76,319	1,062	1,062	6,293	23
24										24
25	TOTALS					\$ 2,672,494	\$ 1,874,448		\$ 206,647	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maplewood Care

0040428

Report Period Beginning:

01/01/13

Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Long Term Care Laboratory, LLC
 Street Address 2458 Elmhurst Road
 City / State / Zip Code Elk Grove Village, IL 60007
 Phone Number (630)422-7800
 Fax Number (847)422-1360

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	39	Ancillary	Direct Allocation		\$	\$		\$ 9,347	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ 9,347	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maplewood Care

0040428

Report Period Beginning:

01/01/13

Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maplewood Care

0040428 Report Period Beginning: 01/01/13 Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maplewood Care

0040428 Report Period Beginning: 01/01/13 Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maplewood Care

0040428

Report Period Beginning:

01/01/13

Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maplewood Care

0040428

Report Period Beginning:

01/01/13

Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maplewood Care

0040428

Report Period Beginning:

01/01/13

Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Maplewood Care

0040428

Report Period Beginning:

01/01/13

Ending:

12/31/13

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2		3	4	5	6		8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required				Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO										Original	Balance			
A. Directly Facility Related																	
Long-Term																	
1	Heartland Bank		X				\$	\$ 7,679,231			\$ 455,770	1					
2	SIR Management	X						800,000			40,565	2					
3												3					
4												4					
5												5					
Working Capital																	
6	Lake Forest Bank		X	Line of Credit				1,160,000			28,958	6					
7	Wells Fargo		X					422,514			20,408	7					
8	See Supplemental Schedule										6,827	8					
9	TOTAL Facility Related						\$	\$ 10,061,745			\$ 552,528	9					
B. Non-Facility Related*																	
10	Interest Income		X								(829)	10					
11	Alloc. S.I.R. Management										(16,868)	11					
12												12					
13												13					
14	TOTAL Non-Facility Related						\$	\$			\$ (17,697)	14					
15	TOTALS (line 9+line14)						\$	\$ 10,061,745			\$ 534,831	15					

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

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

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

Facility Name & ID Number Maplewood Care

0040428

Report Period Beginning:

01/01/13

Ending:

12/31/13

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

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

1	Name of Lender	2		3	4	5	6		8	9	10					
		Related**					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							\$	\$			\$					
2																
3																
4																
5																
6																
7	TOTAL Long-Term															
	Working Capital															
8	Alloc. S.I.R. Management	X					\$	\$			\$ 6,827					
9																
10																
11																
12																
13																
14	TOTAL Working Capital										6,827					
	B. Non-Facility Related*															
15							\$	\$			\$					
16																
17																
18																
19																
20	TOTAL Non-Facility Related															

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.																	
1. Real Estate Tax accrual used on 2012 report.		\$	<u>106,400</u>	1															
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	<u>106,251</u>	2															
3. Under or (over) accrual (line 2 minus line 1).		\$	(149)	3															
4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>105,000</u>	4															
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$	<u>127</u>	5															
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ 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>104,978</u>	7															
Real Estate Tax History:																			
Real Estate Tax Bill for Calendar Year:	2008	<u>92,292</u>	8	<table border="1" style="width: 100%;"> <tr> <td colspan="2" style="text-align: center;">FOR BHF USE ONLY</td> </tr> <tr> <td style="text-align: center;">13</td> <td>FROM R. E. TAX STATEMENT FOR 2012 \$</td> <td style="text-align: center;">13</td> </tr> <tr> <td style="text-align: center;">14</td> <td>PLUS APPEAL COST FROM LINE 5 \$</td> <td style="text-align: center;">14</td> </tr> <tr> <td style="text-align: center;">15</td> <td>LESS REFUND FROM LINE 6 \$</td> <td style="text-align: center;">15</td> </tr> <tr> <td style="text-align: center;">16</td> <td>AMOUNT TO USE FOR RATE CALCULATION \$</td> <td style="text-align: center;">16</td> </tr> </table>		FOR BHF USE ONLY		13	FROM R. E. TAX STATEMENT FOR 2012 \$	13	14	PLUS APPEAL COST FROM LINE 5 \$	14	15	LESS REFUND FROM LINE 6 \$	15	16	AMOUNT TO USE FOR RATE CALCULATION \$	16
FOR BHF USE ONLY																			
13	FROM R. E. TAX STATEMENT FOR 2012 \$	13																	
14	PLUS APPEAL COST FROM LINE 5 \$	14																	
15	LESS REFUND FROM LINE 6 \$	15																	
16	AMOUNT TO USE FOR RATE CALCULATION \$	16																	
	2009	<u>102,344</u>	9																
	2010	<u>106,031</u>	10																
	2011	<u>101,174</u>	11																
	2012	<u>99,958</u>	12																
2012 Accrual = \$99,958 x 1.05= \$105,000																			
Allocated from S.I.R Management = \$6,293																			

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.

SEE ACCOUNTANTS' COMPILATION REPORT

2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Maplewood Care COUNTY Kane
 FACILITY IDPH LICENSE NUMBER 0040428
 CONTACT PERSON REGARDING THIS REPORT Steve Lavenda
 TELEPHONE (847) 236-1111 FAX #: (847) 236-1155

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>06-15-304-015</u>	<u>Long-Term Care Poperty</u>	\$ <u>99,958.26</u>	\$ <u>99,958.26</u>
2. <u>See Attached</u>	<u>See Attached</u>	\$ <u>106,516.99</u>	\$ <u>6,878.75</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>206,475.25</u></u>	\$ <u><u>106,837.01</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? X YES NO

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

C. **Tax Bills**

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

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

4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
		TOTALS	\$ _____	\$ _____

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

Facility Name & ID Number Maplewood Care

0040428 Report Period Beginning:

01/01/13 Ending:

12/31/13

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 36,780 B. General Construction Type: Exterior Brick Frame _____ Number of Stories 1

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

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)
 List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

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

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	203	1993	1972	\$ 5,445,306	\$ 15,894		\$ 155,580	\$ 139,686	\$ 3,185,784	4
5										5
6										6
7										7
8										8
Improvement Type**										
9	Various		1993	98,204		20	1,617	1,617	67,891	9
10	Various		1994	13,684		20	424	424	13,684	10
11	Various		1995	5,179		20	259	259	4,781	11
12	Various		1996	19,800		20	990	990	17,655	12
13	Various		1997	21,688		20	1,084	1,084	18,273	13
14	Various		1998	19,077		20	954	954	14,581	14
15	Various		1999	35,671		20	1,625	1,625	23,450	15
16	Various		2000	330,225		20	16,511	16,511	227,146	16
17	Various		2001	72,848		20	2,918	2,918	53,266	17
18	Various		2002	15,524		20	271	271	13,266	18
19	Various		2003	22,349		20	1,117	1,117	11,855	19
20	Various		2004	18,088		20	1,099	1,099	10,277	20
21	Various		2005	114,777		20	5,739	5,739	48,542	21
22	Various		2006	278,330		20	13,917	13,917	104,690	22
23	Various		2007	37,791		20	1,890	1,890	12,597	23
24	Various		2008	148,040		20	11,511	11,511	66,869	24
25	Various		2009	77,797		20	4,908	4,908	21,654	25
26										26
27										27
28										28
29										29
30										30
31										31
32										32
33										33
34										34
35										35
36										36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maplewood Care

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68		160,796	4,154		5,834	1,680	78,841	68
69			155,967			(155,967)		69
70		\$ 6,935,174	\$ 176,015		\$ 228,249	\$ 52,234	\$ 3,995,103	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Maplewood Care

0040428

Report Period Beginning:

01/01/13

Ending:

12/31/13

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

1	2	3	4	5	6	7	8	9	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		\$ 6,935,174	\$ 176,015		\$ 228,249	\$ 52,234	\$ 3,995,103	1
2	Window Treatments	2010	9,999		20	2,000	2,000	6,999	2
3	Nurse Stations	2010	44,761		20	8,952	8,952	32,079	3
4	Replace Door	2010	2,745		20	137	137	503	4
5	Compressor Repair	2010	3,129		20	156	156	548	5
6	Compressor Repair	2010	2,860		20	143	143	512	6
7	Hallway Room Signs	2011	6,855		20	686	686	1,771	7
8	Elevator Hydraulic Pump	2011	9,082		20	454	454	1,173	8
9	Elevator Interior Work	2011	10,070		20	504	504	1,343	9
10	Flooring & Wall-Base	2011	5,752		20	288	288	719	10
11	Ceiling Grid	2011	34,930		20	1,747	1,747	4,512	11
12	Wallcoverings	2011	3,616		20	723	723	1,868	12
13	Window Treatments	2011	14,156		20	708	708	1,770	13
14	Water Heater	2011	4,306		20	215	215	520	14
15	Handrails, Crashrails, Corner Guards	2011	76,093		20	3,805	3,805	8,560	15
16	Hvac Rooftop Unit	2011	20,964		20	1,048	1,048	2,446	16
17	Painting	2011	51,280		20	2,564	2,564	5,555	17
18	Wallpaper	2011	83,106		20	8,311	8,311	18,006	18
19	Flooring, Wallbase, Wallcoverings	2011	56,318		20	2,816	2,816	7,274	19
20	Wallcoverings	2011	4,314		20	216	216	539	20
21	Painting	2011	5,675		20	284	284	780	21
22	Landscaping - Sedum Autumn Joy, Stella De Oro, Shredded Hardy	2011	2,866		20	143	143	382	22
23	Landscaping - Boxwood, Black Eyed Susan, Campanula White Cli	2011	7,954		20	398	398	1,027	23
24	Heat Exchanger # 9 Replacement	2011	2,817		20	141	141	305	24
25	Heat Exchanger #8 Replacement	2011	2,991		20	150	150	324	25
26	Partial Blower Replacement 400 Wing	2011	2,559		20	128	128	384	26
27	New Corner Guards	2011	4,301		20	215	215	466	27
28	Heating & Cooling Repairs	2011	2,659		20	133	133	332	28
29	Domestic Hot Water System	2011	3,328		20	166	166	499	29
30	Flooring For 1St Floor Resident Rooms	2011	67,137		20	3,357	3,357	10,071	30
31	Kitchen Flooring	2012	3,854		20	193	193	193	31
32	Built-In Custom Cabinets, Built-In Closer Wardrobe With Crown	2012	94,860		20	4,743	4,743	9,486	32
33	Furnish And Install Microprocessor Controller, Tape Selector	2012	42,300		20	2,115	2,115	4,230	33
34	TOTAL (lines 1 thru 33)		\$ 7,622,811	\$ 176,015		\$ 275,885	\$ 99,870	\$ 4,120,282	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 7,622,811	\$ 176,015		\$ 275,885	\$ 99,870	\$ 4,120,282	1
2	Upgraded Cubicle Curtains For 1St Floor	2012	17,664		20	883	883	1,766	2
3	Hvac Unit	2012	10,807		20	540	540	1,081	3
4	Sprinkler Heads	2012	4,350		20	218	218	435	4
5	Renovate Fire Doors	2012	6,392		20	320	320	639	5
6	Flooring - 1St Floor Rooms	2012	9,192		20	460	460	919	6
7	Flooring For 1St Floor Resident Rooms	2012	83,080		20	4,154	4,154	8,308	7
8	First Floor Karndean Wood Look Hallway Title	2012	73,402		20	3,670	3,670	7,340	8
9	First Floor Karndean Wood Look Hallway Title	2012	64,822		20	3,241	3,241	6,482	9
10	Sprinkler Heads	2012	5,622		20	281	281	562	10
11	Heating & Cooling - Compressor	2012	3,430		20	172	172	343	11
12	Leonard Mixing Station	2012	3,935		20	197	197	394	12
13	Serving Counter	2013	41,865		20	4,187	4,187	4,187	13
14	Custom Cabinetry - Offices	2013	17,920		20	896	896	896	14
15	Custom Cabinetry - Therapy Office	2013	3,500		20	175	175	175	15
16	Custom Cabinetry - Reception	2013	2,500		20	104	104	104	16
17	Mansard Roof And Soffit	2013	137,355		20	1,717	1,717	1,717	17
18	Roof-Top Hvac	2013	39,326		20	328	328	328	18
19	Automatic Door	2013	4,725		20	39	39	39	19
20	Windows (8)	2013	4,900		20	82	82	82	20
21	Roof Repairs	2013	3,332		20	167	167	167	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)		\$ 8,160,930	\$ 176,015		\$ 297,714	\$ 121,699	\$ 4,156,246	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Maplewood Care

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 12C, Carried Forward		\$ 8,160,930	\$ 176,015		\$ 297,714	\$ 121,699	\$ 4,156,246	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,160,930	\$ 176,015		\$ 297,714	\$ 121,699	\$ 4,156,246	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Maplewood Care**

0040428

Report Period Beginning:

01/01/13

Ending:

12/31/13

XI. OWNERSHIP COSTS (continued)

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

1		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 12D, Carried Forward		\$ 8,160,930	\$ 176,015		\$ 297,714	\$ 121,699	\$ 4,156,246	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,160,930	\$ 176,015		\$ 297,714	\$ 121,699	\$ 4,156,246	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Building Company Information		\$	\$		\$	\$	\$	1
2	Buildings:								2
3									3
4									4
5									5
6									6
7									7
8	Leasehold Improvements								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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Maplewood Care

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
1		\$	\$		\$	\$	\$
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34	TOTAL (12F & 12G lines 1 thru 33)	\$	\$		\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Related Party Information		\$	\$		\$	\$	\$	1
2	Buildings:								2
3	Allocated - S.I.R. Management	2009	20,615		39	529	529	2,136	3
4	Allocated- S.I.R. Properties - S.I.R. Management	1993	37,327	1,185	35	1,066	(119)	21,862	4
5									5
6									6
7									7
8	Leasehold Information								8
9	Allocated - S.I.R. Management	1993	9,464	263	20	80	(183)	9,464	9
10	Allocated - S.I.R. Management	1994	30		20			30	10
11	Allocated - S.I.R. Management	1995	216		20	11	11	199	11
12	Allocated - S.I.R. Management	1997	14,541	326	20	709	383	12,171	12
13	Allocated - S.I.R. Management	1999	1,143		20	57	57	814	13
14	Allocated - S.I.R. Management	1999	11,357		20			11,357	14
15	Allocated - S.I.R. Management	2000	1,350		20	67	67	914	15
16	Allocated - S.I.R. Management	2007	4,337	296	20	217	(79)	1,343	16
17	Allocated - S.I.R. Management	2008	11,953	1,142	20	753	(389)	4,403	17
18	Allocated - S.I.R. Management	2009	29,703	272	20	1,485	1,213	6,304	18
19	Allocated - S.I.R. Management	2011	735	73	20	73		178	19
20	Allocated - S.I.R. Management	2012	2,352	118	20	117	(1)	166	20
21									21
22	Allocated- S.I.R. Properties - S.I.R. Management	2012	2,286	315	20	16	(299)	18	22
23	Allocated- S.I.R. Properties - S.I.R. Management	2010	2,252		20	113	113	375	23
24	Allocated- S.I.R. Properties - S.I.R. Management	2009	2,241	100	20	112	12	538	24
25	Allocated- S.I.R. Properties - S.I.R. Management	2007	654	52	20	33	(19)	229	25
26	Allocated- S.I.R. Properties - S.I.R. Management	2002	148		20	7	7	85	26
27	Allocated- S.I.R. Properties - S.I.R. Management	1999	4,730		20	236	236	3,429	27
28	Allocated- S.I.R. Properties - S.I.R. Management	1998	2,260		20	113	113	1,752	28
29	Allocated- S.I.R. Properties - S.I.R. Management	1997	141		20	7	7	123	29
30	Allocated- S.I.R. Properties - S.I.R. Management	1994	356	9	20	18	9	346	30
31	Allocated- S.I.R. Properties - S.I.R. Management	1993	605	3	20	15	12	605	31
32									32
33									33
34									34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Maplewood Care

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	Related Party Information Continued								
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (12H & 12I lines 1 thru 33)		\$ 160,796	\$ 4,154		\$ 5,834	\$ 1,680	\$ 78,841	34

SEE ACCOUNTANTS' COMPILATION REPORT

**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	\$ 795,117	\$ 2,102	\$ 80,635	\$ 78,533	10	\$ 730,830	71
72	Current Year Purchases	39,560		2,739	2,739	10	2,739	72
73	Fully Depreciated Assets	647,049				10	647,049	73
74								74
75	TOTALS	\$ 1,481,726	\$ 2,102	\$ 83,375	\$ 81,273		\$ 1,380,618	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76		Allocated S.I.R. Management	2013	\$ 2,899	\$ 303	\$ 346	\$ 43	5	\$ 1,360	76
77										77
78										78
79										79
80	TOTALS			\$ 2,899	\$ 303	\$ 346	\$ 43		\$ 1,360	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)	\$ 10,162,808	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 178,420	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 381,435	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 203,015	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,538,224	85

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

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

G. Construction-in-Progress

	Description	Cost	
92	Construction Project	\$ 176,690	92
93			93
94			94
95		\$ 176,690	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.

SEE ACCOUNTANTS' COMPILATION REPORT

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: \$ 10,572 Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

* 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.

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
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.

SEE ACCOUNTANTS' COMPILATION REPORT

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service			Units	Cost					
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$	102,707	\$		\$	102,707	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs				89,063				89,063	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39 - 03	hrs				150,111				150,111	4
5	Physician Care		visits									5
6	Dental Care		visits									6
7	Work Related Program		hrs									7
8	Habilitation		hrs									8
9	Pharmacy	39 - 02	# of prescrpts					135,072			135,072	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify):											12
13	Other (specify): <u>See Supplemental</u>						802	59,141			59,943	13
14	TOTAL			\$		\$	342,683	\$	194,213	\$	536,896	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maplewood Care

0040428

Report Period Beginning: 01/01/13

Ending:

12/31/13

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/13 (last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 33,929	\$ 68,213	1
2	Cash-Patient Deposits	54,523	54,523	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,730,783	1,730,783	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	53,679	53,679	6
7	Other Prepaid Expenses	2,491	2,491	7
8	Accounts Receivable (owners or related parties)	130,000	130,000	8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,005,405	\$ 2,039,689	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		517,253	13
14	Buildings, at Historical Cost		2,518,622	14
15	Leasehold Improvements, at Historical Cost	2,127,704	2,127,704	15
16	Equipment, at Historical Cost	1,814,340	2,423,340	16
17	Accumulated Depreciation (book methods)	(1,666,669)	(4,483,682)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		58,673	19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Attached Schedule</u>	191,628	191,628	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,467,003	\$ 3,353,538	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,472,408	\$ 5,393,227	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 229,984	\$ 321,996	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	54,523	54,523	28
29	Short-Term Notes Payable	1,160,000	1,160,000	29
30	Accrued Salaries Payable	394,152	394,152	30
31	Accrued Taxes Payable (excluding real estate taxes)	60,549	60,549	31
32	Accrued Real Estate Taxes(Sch.IX-B)		105,000	32
33	Accrued Interest Payable		19,625	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Attached Schedule</u>	112,216	112,216	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,011,424	\$ 2,228,061	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	422,514	1,222,514	39
40	Mortgage Payable		7,679,231	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)	\$ 422,514	\$ 8,901,745	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 2,433,938	\$ 11,129,806	46
47	TOTAL EQUITY(page 18, line 24)	\$ 2,038,470	\$ (5,736,579)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,472,408	\$ 5,393,227	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,020,662	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,020,662	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	218,808	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	(201,000)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 17,808	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)	\$ 2,038,470	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 9,135,250	1
2	Discounts and Allowances for all Levels	(1,310,934)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,824,316	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,186,946	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,186,946	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	132,217	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	10,041	19
20	Radiology and X-Ray	7,782	20
21	Other Medical Services	33,278	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 183,318	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	829	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 829	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	185	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 185	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 9,195,594	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,605,297	31
32	Health Care	3,293,028	32
33	General Administration	1,877,646	33
B. Capital Expense			
34	Ownership	1,121,691	34
C. Ancillary Expense			
35	Special Cost Centers	573,658	35
36	Provider Participation Fee	505,466	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 8,976,786	40
41	Income before Income Taxes (line 30 minus line 40)**	218,808	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 218,808	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 7,077,095	44
45	Private Pay - Net Inpatient Revenue	230,612	45
46	Medicare - Net Inpatient Revenue	262,010	46
47	Other-(specify) <u>Hospice</u>	249,076	47
48	Other-(specify) <u>HMO Insurance</u>	5,523	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 7,824,316	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? Cash Basis 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.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maplewood Care

0040428

Report Period Beginning:

01/01/13

Ending:

12/31/13

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,633	2,954	\$ 128,761	\$ 43.59	1
2	Assistant Director of Nursing	2,989	3,092	105,393	34.09	2
3	Registered Nurses	28,176	30,582	906,269	29.63	3
4	Licensed Practical Nurses	8,672	9,572	232,675	24.31	4
5	CNAs & Orderlies	78,737	79,636	965,593	12.13	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	7,594	8,328	164,539	19.76	8
9	Activity Director	1,642	1,747	29,394	16.83	9
10	Activity Assistants	8,776	9,183	81,120	8.83	10
11	Social Service Workers	16,706	18,702	239,386	12.80	11
12	Dietician					12
13	Food Service Supervisor	1,899	2,086	40,154	19.25	13
14	Head Cook	5,986	6,353	71,780	11.30	14
15	Cook Helpers/Assistants	17,478	18,702	187,240	10.01	15
16	Dishwashers					16
17	Maintenance Workers	3,690	3,860	50,724	13.14	17
18	Housekeepers	24,442	25,803	244,114	9.46	18
19	Laundry	9,465	9,861	93,484	9.48	19
20	Administrator	1,853	2,086	94,267	45.19	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	15,184	17,016	201,183	11.82	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	4,300	4,794	134,325	28.02	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	4,003	4,083	45,782	11.21	33
34	TOTAL (lines 1 - 33)	244,225	258,440	\$ 4,016,183 *	\$ 15.54	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	Monthly	\$ 18,048	01-03	35
36	Medical Director	Monthly	2,400	09-03	36
37	Medical Records Consultant	Monthly	4,608	10-03	37
38	Nurse Consultant	Monthly	51,156	10-03	38
39	Pharmacist Consultant	166	10,069	10-03	39
40	Physical Therapy Consultant	Monthly	22,126	10a-03	40
41	Occupational Therapy Consultant	Monthly	153	10a-03	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	11	458	10a-03	43
44	Activity Consultant	Monthly	2,856	11-03	44
45	Social Service Consultant	Monthly	11,392	12-03	45
46	Other(specify)				46
47	Psychiatric Consultant	Monthly	7,200	12-03	47
48	Director of Food Services	Monthly	24,360	01-03	48
49	TOTAL (lines 35 - 48)	177	\$ 154,826		49

C. CONTRACT NURSES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$	50
51	Licensed Practical Nurses			51
52	Certified Nurse Assistants/Aides			52
53	TOTAL (lines 50 - 52)		\$	53

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maplewood Care

0040428

Report Period Beginning: 01/01/13

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			
Jamie Lloyd	Administrator	0	\$ 94,267	Workers' Compensation Insurance	\$ 54,724	IDPH License Fee	\$ 1,992			
				Unemployment Compensation Insurance	96,444	Advertising: Employee Recruitment	3,319			
				FICA Taxes	307,238	Health Care Worker Background Check				
				Employee Health Insurance	35,962	(Indicate # of checks performed)				
				Employee Meals	34,493	Patient Background Checks	54 540			
				Illinois Municipal Retirement Fund (IMRF)*		Dues & Subscriptions	7,662			
				Employee Benefits- Other	16,075	Fingerprinting	5,164			
				401K- Matching	6,175	Licenses & Permits	2,543			
						Allocated from S.I.R. Management	467			
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 94,267	TOTAL (agree to Schedule V, line 22, col.8)			\$ 551,111	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 21,687
(List each licensed administrator separately.)				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**			
B. Administrative - Other				Description			Description		Amount	
Description	Amount			Description	Line #	Amount	Description	Amount		
SIR-Consulting Fees	\$ 388,790						Out-of-State Travel	\$		
SIR-Director of Administrative Services	48,720									
SIR-Ancillary Administrative Charges	48,720						In-State Travel			
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 486,230	TOTAL			\$	Seminar Expense	5,003	
(Attach a copy of any management service agreement)								Allocated from S.I.R. Management	973	
C. Professional Services				Description			Description		Amount	
Vendor/Payee	Type	Amount		Description	Line #	Amount	Description	Amount		
SIR MGMT	Dir.of Regulatory Services	\$ 24,360								
SIR MGMT	Accounting	36,000								
SIR MGMT	Bookkeeping	80,388								
Plante Moran	Medicare	5,325								
FR&R	Accounting	14,565								
Pinnacle	Customer Satisfaction	3,727								
Achieve Accreditation	Consulting	10,928								
HK Payroll	WTOC Consulting	596								
E-Health Data	MDS Software	3,300								
Personel Planners	Unemployment Consulting	1,442								
See Attached	Legal	3,155								
See Supplemental Schedule		11,092								
TOTAL (agree to Schedule V, line 19, column 3)			\$ 194,877	TOTAL			\$	Entertainment Expense	()	
(If total legal fees exceed \$5,000, attach copy of invoices.)								(agree to Sch. V, line 24, col. 8)		
								TOTAL	\$ 5,976	

* Attach copy of IMRF notifications
SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maplewood Care# 0040428

Report Period Beginning:

01/01/13

Ending:

12/31/13**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. ICLTC \$16199
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 243 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? X YES NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 505,466
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.

SEE ACCOUNTANTS' COMPILATION REPORT

- (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. \$ 34,493 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation. No
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? N/A
- d. Have vehicle usage logs been maintained? N/A
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?
- g. Does the facility transport residents to and from day training? N/A**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? N/A
Attach invoices and a summary of services for all architect and appraisal fees.