

Facility Name & ID Number Maple Lawn Health Center

0042424 Report Period Beginning: 1/1/15 Ending: 12/31/15

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	89	Skilled (SNF)	89	32,485	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5	23	Sheltered Care (SC)	23	8,395	5
6		ICF/DD 16 or Less			6
7	112	TOTALS	112	40,880	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			1,341	1,341	8
9	SNF/PED					9
10	ICF	11,932	7,718		19,650	10
11	ICF/DD					11
12	SC		4,993		4,993	12
13	DD 16 OR LESS					13
14	TOTALS	11,932	12,711	1,341	25,984	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 63.56%

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 Non-allowable costs have been eliminated in Schedule V, Column 7

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

YES NO

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

Date started 1922

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

YES Date 1922 NO

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

YES NO If YES, enter number of beds certified 89 and days of care provided 1,271

Medicare Intermediary Wisconsin Physicians Service Insurance Corporation

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/15 Fiscal Year: 12/31/15

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Maple Lawn Health Center

0042424

Report Period Beginning:

1/1/15

Ending:

12/31/15

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	294,836	20,317		315,153		315,153		315,153		1
2	Food Purchase		295,696		295,696		295,696	(92,933)	202,763		2
3	Housekeeping	169,348	21,988		191,336		191,336		191,336		3
4	Laundry	38,224			38,224		38,224		38,224		4
5	Heat and Other Utilities			132,072	132,072		132,072		132,072		5
6	Maintenance	58,830	27,392	60,682	146,904		146,904	(2,267)	144,637		6
7	Other (specify):* Waste Removal			14,560	14,560		14,560		14,560		7
8	TOTAL General Services	561,238	365,393	207,314	1,133,945		1,133,945	(95,200)	1,038,745		8
	B. Health Care and Programs										
9	Medical Director			12,000	12,000		12,000		12,000		9
10	Nursing and Medical Records	1,507,454	91,085	8,063	1,606,602		1,606,602		1,606,602		10
10a	Therapy	30,526	1,342	222,914	254,782		254,782		254,782		10a
11	Activities	163,283	7,605	1,239	172,127		172,127		172,127		11
12	Social Services	47,487	706	2,677	50,870		50,870		50,870		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	1,748,750	100,738	246,893	2,096,381		2,096,381		2,096,381		16
	C. General Administration										
17	Administrative	132,095			132,095		132,095		132,095		17
18	Directors Fees										18
19	Professional Services			193,361	193,361		193,361	(14,832)	178,529		19
20	Dues, Fees, Subscriptions & Promotions			49,629	49,629		49,629	(358)	49,271		20
21	Clerical & General Office Expenses	235,953	31,363	41,027	308,343		308,343	(9,068)	299,275		21
22	Employee Benefits & Payroll Taxes			581,031	581,031		581,031		581,031		22
23	Inservice Training & Education										23
24	Travel and Seminar			15,411	15,411		15,411	(892)	14,519		24
25	Other Admin. Staff Transportation		3,090	7,696	10,786		10,786		10,786		25
26	Insurance-Prop.Liab.Malpractice			179,288	179,288		179,288		179,288		26
27	Other (specify):*										27
28	TOTAL General Administration	368,048	34,453	1,067,443	1,469,944		1,469,944	(25,150)	1,444,794		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,678,036	500,584	1,521,650	4,700,270		4,700,270	(120,350)	4,579,920		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 Maple Lawn Health Center

#0042424

Report Period Beginning:

1/1/15

Ending:

12/31/15

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			265,233	265,233		265,233	(6,085)	259,148			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			253,055	253,055		253,055	(53)	253,002			32
33	Real Estate Taxes			24,846	24,846		24,846	(1,479)	23,367			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):* <i>Loan Cost/Mtg Ins</i>			28,625	28,625		28,625		28,625			36
37	TOTAL Ownership			571,759	571,759		571,759	(7,617)	564,142			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		43,209	8,841	52,050		52,050		52,050			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			177,159	177,159		177,159		177,159			42
43	Other (specify):* <i>Non-allowable costs</i>	80,096	5,533	116,432	202,061		202,061	(202,061)				43
44	TOTAL Special Cost Centers	80,096	48,742	302,432	431,270		431,270	(202,061)	229,209			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,758,132	549,326	2,395,841	5,703,299		5,703,299	(330,028)	5,373,271			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 Maple Lawn Health Center

0042424

Report Period Beginning: 1/1/15

Ending: 12/31/15

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	(92,933)	2		4
5	Telephone, TV & Radio in Resident Rooms	(14,754)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(6,085)	30		9
10	Interest and Other Investment Income	(53)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(358)	20		17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(14,832)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(51,965)	43		24
25	Fund Raising, Advertising and Promotional	(134,544)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Page 5A	(14,504)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (330,028)		\$	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)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (330,028)		37

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Maple Lawn Health Center

ID# 0042424

Report Period Beginning: 1/1/15

Ending: 12/31/15

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Disallow Flowers	\$ (44)	43	1
2	Disallow Cottingham Expense	(708)	43	2
3	Allocated Property Tax Expense	(1,479)	33	3
4	Offset Cottingham Revenue	(9,068)	21	4
5	Offset Cottingham Revenue	(2,267)	6	5
6	Meals on Wheels Licenses	(46)	43	6
7	Disallow Rotary Club	(389)	24	7
8	Disallow Out of State Travel expense	(503)	24	8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total		(14,504)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Maple Lawn Health Center# 0042424

Report Period Beginning:

1/1/15

Ending:

12/31/15

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

	Operating Expenses	PAGES	PAGE	SUMMARY										
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(92,933)	0	0	0	0	0	0	0	0	0	0	(92,933)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	(2,267)	0	0	0	0	0	0	0	0	0	0	(2,267)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(95,200)	0	(95,200)	8									
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(14,832)	0	0	0	0	0	0	0	0	0	0	(14,832)	19
20	Fees, Subscriptions & Promotions	(358)	0	0	0	0	0	0	0	0	0	0	(358)	20
21	Clerical & General Office Expenses	(9,068)	0	0	0	0	0	0	0	0	0	0	(9,068)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(892)	0	0	0	0	0	0	0	0	0	0	(892)	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(25,150)	0	(25,150)	28									
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(120,350)	0	(120,350)	29									

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Maple Lawn Health Center# 0042424

Report Period Beginning:

1/1/15

Ending:

12/31/15

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(6,085)	0	0	0	0	0	0	0	0	0	0	(6,085)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(53)	0	0	0	0	0	0	0	0	0	0	(53)	32
33	Real Estate Taxes	(1,479)	0	0	0	0	0	0	0	0	0	0	(1,479)	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(7,617)	0	0	0	0	0	0	0	0	0	0	(7,617)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(202,061)	0	0	0	0	0	0	0	0	0	0	(202,061)	43
44	TOTAL Special Cost Centers	(202,061)	0	0	0	0	0	0	0	0	0	0	(202,061)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(330,028)	0	0	0	0	0	0	0	0	0	0	(330,028)	45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
<u>Maple Lawn Association of Churches, Inc.</u>				<u>Maple Lawn Apartments, Inc</u>	<u>Eureka</u>	<u>Ret. Housing</u>
				<u>Maple Lawn Total Living Care, Inc.</u>	<u>Eureka</u>	<u>Home Care</u>
				<u>Maple Lawn Homes, I</u>	<u>Eureka</u>	<u>Support Services</u>

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	11 Activity Wages	\$ 1,294	Maple Lawn Homes, Inc.	0.00%	\$ 1,294	\$	1
2	V	11 Chaplain Wages	49,549	Maple Lawn Homes, Inc.	0.00%	49,549		2
3	V	17 Administrative Wages	126,897	Maple Lawn Homes, Inc.	0.00%	126,897		3
4	V	21 Clerical & Accounting Wages	155,194	Maple Lawn Homes, Inc.	0.00%	155,194		4
5	V	21 Human Resource Wages	50,807	Maple Lawn Homes, Inc.	0.00%	50,807		5
6	V	21 Administrative Asst Wages	29,952	Maple Lawn Homes, Inc.	0.00%	29,952		6
7	V	43 Community Relation Wages	47,782	Maple Lawn Homes, Inc.	0.00%	47,782		7
8	V	43 Development Wages	19,892	Maple Lawn Homes, Inc.	0.00%	19,892		8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 481,367			\$ 481,367	\$ *	14

* 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	Board of Directors:							1
2								2
3	Alice Kennell	0						3
4	Dave Neuhauser – Treasurer	0						4
5	Leanne Schertz	0						5
6	Troy Teater - Vice Chair	0						6
7	Steve Stewart	0						7
8	Don Litwiller – Chairman	0						8
9	Lisa Jablonski - Secretary	0						9
10	Minta Colburn	0						10
11	Eldon Schlupp	0						11
12								12
13								13
14								14
15								15
16								16
17	Note: No Board Members received compensation from the facility.							17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maple Lawn Health Center # 0042424 Report Period Beginning: 1/1/15 Ending: 12/31/15

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1									\$		1
2	N/A										2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		13

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maple Lawn Health Center

0042424

Report Period Beginning:

1/1/15

Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	11	Activity Wages	Estimated Time Spent	100	4	\$ 25,880	\$ 25,880	5	\$ 1,294	1
2	11	Chaplain Wages	Estimated Time Spent	100	4	55,054	55,054	90	49,549	2
3	17	Administrative Wages	Estimated Time Spent	100	4	140,997	140,997	90	126,897	3
4	21	Clerical & Accounting Wages	Estimated Time Spent	100	4	201,551	201,551	77	155,194	4
5	21	Human Resource Wages	Estimated Time Spent	100	4	56,452	56,452	90	50,807	5
6	21	Administrative Asst Wages	Estimated Time Spent	100	4	37,440	37,440	80	29,952	6
7	43	Community Relation Wages	Estimated Time Spent	100	4	53,091	53,091	90	47,782	7
8	43	Development Wages	Estimated Time Spent	100	4	20,939	20,939	95	19,892	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					\$ 591,404	\$ 591,404		\$ 481,367	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maple Lawn Health Center

0042424

Report Period Beginning:

1/1/15

Ending:

12/31/15

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	Lancaster Pollard Mtg Co		X	Building	\$22,812.40	12/1/13	4,480,400	4,345,575	12/1/43	0.0453	\$ 187,291	1					
2												2					
3												3					
4												4					
5												5					
	Working Capital																
6	Heartland Bank & Trust		X	Line of credit	varies	12/11/15	1,200,000	1,060,290	3/11/16	0.0450	65,764	6					
7												7					
8												8					
9	TOTAL Facility Related				\$22,812.40		\$ 5,680,400	\$ 5,405,865			\$ 253,055	9					
	B. Non-Facility Related*																
10												10					
11										Offset Interest Income	(53)	11					
12												12					
13												13					
14	TOTAL Non-Facility Related						\$	\$			(53)	14					
15	TOTALS (line 9+line14)						\$ 5,680,400	\$ 5,405,865			\$ 253,002	15					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 20,669 Line # 36

* 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 2014 report.				\$	40,548	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.)		2014		\$	35,949	2																			
3. Under or (over) accrual (line 2 minus line 1).				\$	(4,599)	3																			
4. Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	30,019	4																			
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)				\$		5																			
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund.			Adjustment - see below		(2,053)																				
TOTAL REFUND	\$	For	Tax Year.		(2,053)	6																			
				\$	23,367	7																			
Real Estate Tax History:																									
Real Estate Tax Bill for Calendar Year:	2010	2,757	8	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" 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 2014</td> <td style="text-align: right;">\$</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: right;">\$</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: right;">\$</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: right;">\$</td> <td style="text-align: center;">16</td> </tr> </table>			FOR BHF USE ONLY			13	FROM R. E. TAX STATEMENT FOR 2014	\$	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 2014	\$	13																						
14	PLUS APPEAL COST FROM LINE 5	\$	14																						
15	LESS REFUND FROM LINE 6	\$	15																						
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16																						
	2011	2,771	9																						
	2012	37,314	10																						
	2013	34,803	11																						
	2014	35,949	12																						
<u>Accrual based on prior year tax bill for the Administrative building and adjacent land</u>																									
<u>Adjustments to Expense:</u>		2014 RE taxes	35,949																						
<u>Adj Accrual to computed</u>	-574	Est HC portion	65%																						
<u>Disallow portion of RE Tax</u>	-1479	RE Tax Exp	23,367																						

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

2014 LONG TERM CARE REAL ESTATE TAX STATEMENT

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2014 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 2014.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>13-12-201-030</u>	<u>700 N. Main Street</u>	\$ <u>32,451.02</u>	\$ <u>21,093.16</u>
2. <u>13-12-201-029</u>	<u>700 N. Main Street</u>	\$ <u>3,498.44</u>	\$ <u>2,273.99</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>35,949.46</u></u>	\$ <u><u>23,367.15</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 2014 tax bills which were listed in Section A to this statement. Be sure to use the 2014 tax bill which is normally paid during 2015.

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

Facility Name & ID Number Maple Lawn Health Center

0042424 Report Period Beginning:

1/1/15 Ending:

12/31/15

X. BUILDING AND GENERAL INFORMATION:

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

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

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

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

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

Maple Lawn Apartments, Inc. - Retirement Housing

Maple Lawn Total Living Care, Inc. - Home Care

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

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

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>See Attached Sch</u>			\$ <u>2,750</u>	1
2					2
3	TOTALS			\$ 2,750	3

SEE ACCOUNTANTS' COMPILATION REPORT

Maple Lawn Health Center

Period Beginning 1/1/15
Period End 12/31/15

XI. OWNERSHIP COSTS:

A. Land.

Use	Square Feet	Year Acquired	Cost
Health Center	85,000	1965	1,386
Health Center	39,000	1969	1,000
Administration Bldg Land Allocation			364
TOTALS	124,000		\$ 2,750

Facility Name & ID Number Maple Lawn Health Center

0042424

Report Period Beginning:

1/1/15

Ending:

12/31/15

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	80	1965	1965	\$ 472,000	\$	60	\$ 7,867	\$ 7,867	\$ 400,549	4
5		1974	1974	20,378		50	408	408	16,871	5
6		1980	1980	750,017		45	16,667	16,667	598,286	6
7		1982	1982	7,703		20			7,703	7
8	38	1989	1989	1,459,363		45	32,430	32,430	859,399	8
Improvement Type**										
9	Landscaping		1982	1,155		20			1,155	9
10	Trees		1984	3,101		20			3,101	10
11	Landscaping - Front of HC		1992	1,100		10			1,100	11
12	Asphalt Repair		1993	4,058		10			4,058	12
13	Parking Lot Lighting & Asphalt		1995	3,810		10			3,810	13
14	ADU Enclosure		1995	4,305		10			4,305	14
15	Parking Blocks (20)		1996	654		10			654	15
16	Lower Level Renovation		1981	203,080		23			203,080	16
17	Lower Level Renovation		1982	35,963		22			35,963	17
18	Fixture Repairs & Refinish, Trellis		1983	12,213		10			12,213	18
19	Loading Dock		1985	1,642		20			1,642	19
20	Deck & Room Renovation		1992	3,641		10			3,641	20
21	Lobby Renovation & Central supply rm		1993	34,280		10			34,280	21
22	ADU Cabinets & Wallpaper		1994	2,141		10			2,141	22
23	Wallpaper, Carpet rm 702, Admin office		1995	2,822		8			2,822	23
24	Lobby Carpet,Kitchen ramp, rm renovate		1996	20,881		10			20,881	24
25	Walk in Freezer		1975	2,853		10			2,853	25
26	Sprinkler Installation		1976	11,240		20			11,240	26
27	Sprinkler Installation		1977	743		20			743	27
28	Generator		1980	9,500		20			9,500	28
29	Lighting, Flooring, Air Vent		1982	6,400		20			6,400	29
30	Exhaust Fan		1984	2,800		20			2,800	30
31	Entrance Load Control & Lighting		1985	14,608		10			14,608	31
32	Water Softner		1987	699		5			699	32
33	Alarm System		1989	5,473		15			5,473	33
34	Wander Guard,Door Alarms,Disposal,A/C		1990	12,492		8			12,492	34
35	A/C, Mgmt Sys, Curtains		1991	15,468		20			15,468	35
36	Water heater Tanks		1992	12,622		15			12,622	36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maple Lawn Health Center

0042424

Report Period Beginning:

1/1/15

Ending:

12/31/15

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Tub,Motor,Sound Sys,Wander Guard,Tele Sys	1993	\$ 17,894	\$	10	\$	\$	\$ 17,894	37
38	Paging Sys,Door Monitor,elevator,A/C	1994	6,642		10			6,642	38
39	Toaster,Fiber Optics,A/C,Signage,Counter,Bath	1995	25,208		10			25,208	39
40	Door Lock,Sink,NurseCall,A/C,Elevator,AlarmSys	1996	54,967		10			54,967	40
41	Vertical Blinds	1994	1,021		8			1,021	41
42	Landscape,room remodel,sink,fireplace,waterline	1997	27,864		10			27,864	42
43	CallSys,FireAlarm,ExpTank,DoorSec,Phone,Tub	1997	30,201		10			30,201	43
44	Landscape,Boiler,Door,Fire,Generator,Bath,Security,A/C,Cable,P	1998	63,791		10			63,791	44
45	Asphalt,DiningRm,Hall,Door,Bath,ElecEye	1999	12,436		10			12,436	45
46	Office,Lounge,Door,Fire,A/C,Sink,Tub	1999	34,425		10			34,425	46
47	Tempered Water System Redesigned	2000	14,400		20	720	720	11,280	47
48	Renovate Social Service Office	2000	3,422		10			3,422	48
49	Wanderguard Monitors	2000	2,591		8			2,591	49
50	Octel 100 Voicemail System	2000	6,260		5			6,260	50
51	Cable System Expansion	2000	1,844		5			1,844	51
52	Water System Installation	2001	41,500		20	2,075	2,075	30,952	52
53	Fire Alarms- Halls 4 & 5	2001	6,436		8			6,436	53
54	Air Condition Unit Hall 6	2001	3,424		10			3,424	54
55	Door Alarms - Hall 7	2001	2,757		8			2,757	55
56	Elevator Safety Edges	2002	3,245		10			3,245	56
57	Cable System Upgrade	2002	1,138		5			1,138	57
58	Room 601 Construction	2003	34,315		20	1,716	1,716	21,736	58
59	Room 306 Bathroom Conversion	2003	21,425		10			21,425	59
60	PT Room Divider Curtain	2003	2,589		10			2,589	60
61	Insinkerator Disposer for Kitchen	2003	1,048		5			1,048	61
62	New Exit Doors & Keypads	2003	9,618		7			9,618	62
63	Asbestos removal - Dining Rm Floor	2003	10,520		7			10,520	63
64	Vinyl Flooring in Dining Rm	2003	12,700		7			12,700	64
65	Expansion Dining Room	2004	2,612		15	174	174	2,065	65
66	Flooring for Elevator	2004	1,479		8			1,479	66
67	Walk-in Cooler	2004	8,043		10			8,043	67
68	Door Lock	2004	3,313		7			3,313	68
69	Telephone System	2004	16,115		10			16,115	69
70	TOTAL (lines 4 thru 69)		\$ 3,624,448	\$		\$ 62,057	\$ 62,057	\$ 2,771,001	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Maple Lawn Health Center

0042424

Report Period Beginning:

1/1/15

Ending:

12/31/15

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 3,624,448	\$		\$ 62,057	\$ 62,057	\$ 2,771,001	1
2	Sealcoat Parking Lot	2004	2,479		3			2,479	2
3	Landscaping	2004	2,778		10			2,778	3
4	Renovation on resident rooms, hallways	2005	614,348		30	20,478	20,478	225,202	4
5	Roof replacement	2005	414,304		30	13,810	13,810	151,872	5
6	Resident room doors and refinishing	2005	6,164		30	205	205	2,159	6
7	Carpet and Tile Flooring	2005	20,031		15	1,335	1,335	14,021	7
8	Sprinkler system	2005	71,880		30	2,396	2,396	26,349	8
9	Lighting resident rooms and lobby.	2005	4,754		30	158	158	1,664	9
10	Privacy track, window rods, draperies	2005	5,678		7			5,678	10
11	Wiring Upgrade	2005	1,498		5			1,498	11
12	A/C condenser replacement	2005	4,775		15	318	318	3,367	12
13	Renovate Multi-Rm/Nurse Station	2005	85,586		30	2,853	2,853	29,968	13
14	Roof Replacement Dietary	2005	14,503		30	483	483	5,035	14
15	Chimney roofing work	2005	2,180		20	109	109	1,126	15
16	Install sink	2005	1,345		15	90	90	923	16
17	Transfer switch	2005	2,549		7			2,549	17
18	Sprinkler head	2005	1,458		30	49	49	492	18
19	Gas shut-off fire system	2005	2,600		30	87	87	899	19
20	Fire alarm	2005	11,087		15	739	739	7,542	20
21	Boiler pump	2005	3,986		10	378	378	3,986	21
22	Door	2006	1,379		10	138	138	1,265	22
23	Plumbing	2006	1,023		10	102	102	952	23
24	Carpeting	2006	2,618		10	262	262	2,598	24
25	Draperies	2006	174		7			174	25
26	Dining room wallpaper, lighting	2007	3,531		8	47	47	3,531	26
27	Public address system	2007	461		5			461	27
28	Room 701 flooring, lighting	2007	1,371		8	82	82	1,371	28
29	Sidewalk repairs	2007	3,054		10	305	305	2,608	29
30	Room 707 flooring, cabinetry	2007	1,208		8	68	68	1,208	30
31	Carpeting room 709	2007	591		8	47	47	591	31
32	Room 603 wallpaper, window coverings, lighting	2007	815		8	84	84	815	32
33	Room 612, lighting, flooring	2007	673		8	71	71	673	33
34	TOTAL (lines 1 thru 33)		\$ 4,915,329	\$		\$ 106,751	\$ 106,751	\$ 3,276,835	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Maple Lawn Health Center

0042424

Report Period Beginning:

1/1/15

Ending:

12/31/15

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 4,915,329	\$		\$ 106,751	\$ 106,751	\$ 3,276,835	1
2	Room 604 window coverings	2007	55		1			55	2
3	Wallcoverings hall and 4 rooms	2007	1,400		8	153	153	1,400	3
4	Gate concrete pad	2007	725		3			725	4
5	Plumbing wing 1	2007	2,500		8	288	288	2,500	5
6	Fire alarm system upgrade	2007	4,150		8	519	519	4,176	6
7	Driveway curbing	2008	3,300		15	220	220	1,680	7
8	Plumbing, lighting, wallpaper	2008	7,686		8	961	961	7,651	8
9	Carpeting and door replacement	2008	1,200		8	150	150	1,194	9
10	Fireproofing and sprinklers	2008	33,288		15	2,219	2,219	17,442	10
11	Drainage work	2008	3,460		15	231	231	1,791	11
12	Eyewash station in kitchen	2008	1,250		8	156	156	1,200	12
13	Baseboards, wallpaper, carpeting	2008	1,825		10	186	186	1,424	13
14	Air conditioning repairs	2008	6,800		8	850	850	6,353	14
15	Elevator repairs	2008	1,206		3			1,206	15
16	Emergency exit lighting	2008	1,394		8	174	174	1,277	16
17	Bath tub fixture	2008	729		15	49	49	346	17
18	Wing 1 & Hall 1 draperies, wallpaper, lighting	2008	5,423		8	678	678	5,084	18
19	Draperies, wallpaper, & baseboards	2008	7,251		8	906	906	7,214	19
20	Contractor labor & materials for dining room	2008	12,087		8	1,511	1,511	12,030	20
21	Dining room tear-down, tiling, painting, trim	2008	5,716		8	715	715	5,692	21
22	Gazebo shingles & vinyl	2009	372		7	53	53	340	22
23	Chapel fans, shades, ceiling tile & fixtures	2009	9,289		5	276	276	9,289	23
24	Flooring for rooms 705, 605, 609	2009	1,915		10	192	192	1,175	24
25	Sod, mulch, road repairs	2010	2,170		15	145	145	731	25
26	Carpet, Vinyl, Blinds front office & restroom	2010	3,856		10	386	386	2,266	26
27	2 boiler pumps and douglas fir	2011	3,356		15	224	224	908	27
28	Circuit breaker, wall heater, wanderguard monitor, A/C	2011	4,138		15	218	218	1,229	28
29	Serenity walls, floor, electrical	2011	80,450		15	5,363	5,363	24,582	29
30	Physician office floor, wall, electrical	2011	7,767		15	518	518	2,116	30
31	Fire Safety doors	2012	7,730		15	515	515	1,760	31
32	Smoke dampers	2012	7,178		28	256	256	896	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 5,144,995	\$		\$ 124,863	\$ 124,863	\$ 3,402,567	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Maple Lawn Health Center

0042424

Report Period Beginning:

1/1/15

Ending:

12/31/15

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 12C, Carried Forward		\$ 5,144,995	\$		\$ 124,863	\$ 124,863	\$ 3,402,567	1
2	Wing 5 remodel - window replacement, painting, electrical, flooring	2012	27,808		10	2,781	2,781	10,743	2
3	Landscaping - Administration Building	2009	6,435		5			6,435	3
4	Administration Building	2009	1,710,294		40	42,757	42,757	156,776	4
5	Administration Building key fob entry system	2009	1,532		10	153	153	572	5
6	Administration Building wooden sign	2009	2,065		15	138	138	552	6
7	Wing 1 remodel - window replacement, painting, wallpaper, beadboard	2013	32,884		10	3,288	3,288	8,494	7
8	Wing 6 & 7 remodel - painting, carpeting, room signs	2013	14,946		10	1,495	1,495	3,862	8
9	7 new Sprinkler Heads	2013	4,800		15	320	320	666	9
10	Boiler Repair	2013	1,826		15	122	122	325	10
11	Wanderguard System	2013	1,524		15	102	102	212	11
12	Construct Retaining Wall on Side Entrance	2014	8,145		15	543	543	769	12
13	Lighting Added at Circle Drive	2014	7,679		15	512	512	512	13
14	Resurface Circle Drive & Entrances, Add Additional Parking	2014	56,319		15	3,755	3,755	4,068	14
15	Wing 3, MPR & Hospice Room- Flooring, Painting Plumbing, Wai	2014	20,321		10	2,032	2,032	2,879	15
16	Wing 6 Tubroom Flooring	2014	2,561		10	256	256	299	16
17	Living Room & Entryway Renovation- Paint and Flooring	2014	32,971		5	6,594	6,594	7,144	17
18	Airconditioner Unit for Kitchen	2014	12,941		28	462	462	655	18
19	Repair Ceiling in Hall 3	2014	2,825		10	5	5	240	19
20	Repair Ceiling in Kitchen	2014	4,348		10	435	435	725	20
21	Remove Broken off Gutters from Main Sewer Line	2014	2,760		10	276	276	276	21
22	Relocate front entrance & build canopies	2015	195,421		30	4,902	4,902	4,902	22
23	Wing 1 Remodel - Cable wiring	2015	2,742		15	107	107	107	23
24	Wing 1 Remodel - Plumbing	2015	3,484		15	136	136	136	24
25	Wing 1 Remodel - Paint 4 Offices	2015	800		5	93	93	93	25
26	Wing 1 Remodel - Paint 4 Offices	2015	800		5	93	93	93	26
27	Wing 1 Remodel - Cabinetry	2015	1,121		5	131	131	131	27
28	Wing 1 Remodel - Offices Flooring Install	2015	1,182		5	138	138	138	28
29	Wing 1 Remodel - Paint and Drywall	2015	400		5	47	47	47	29
30	Wing 1 Remodel - Casing in Conference Rm	2015	523		5	61	61	61	30
31	Wing 1 Remodel - Phone wiring	2015	711		5	83	83	83	31
32	Wing 1 Remodel - Electrical wiring	2015	4,870		15	189	189	189	32
33	Wing 1 Remodel - Framing, Doors, and Hardware	2015	17,199		15	669	669	669	33
34	TOTAL (lines 1 thru 33)		\$ 7,329,232	\$		\$ 197,538	\$ 197,538	\$ 3,615,420	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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 7,329,232	\$		\$ 197,538	\$ 197,538	\$ 3,615,420	1
2	Wing 1 Remodel - New Blinds	2015	1,710		5	143	143	143	2
3	Foam Insulation	2015	1,220		15	47	47	47	3
4	Replacement Windows throughout and Foam Insulation	2015	30,850		5	2,571	2,571	2,571	4
5	Replace and Repair drywall in Beauty Shop	2015	4,452		5	371	371	371	5
6	Wall off hallway for Oxygen Storage Room	2015	19,624		15	436	436	436	6
7	New Wall Beadboard in Resident rooms	2015	2,363		5	79	79	79	7
8	New compressor in walk in freezer	2015	4,210		10	386	386	386	8
9	Surveillance System	2015	20,909		5	1,742	1,742		9
10									10
11									11
12	Administrative Building Allocation-Land Improvements		86,706		Various	3,313	3,313	80,817	12
13	Administrative Building Allocation-Bldg Improvements		895		5	179	179	552	13
14	Administrative Building Allocation-Fixed Equipment		67,293		Various	3,085	3,085	45,009	14
15									15
16									16
17	Financial Statement Depreciation			265,233			(265,233)		17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,569,464	\$ 265,233		\$ 209,890	\$ (55,343)	\$ 3,745,831	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	\$ 448,883	\$	\$ 35,082	\$ 35,082	various	\$ 322,220	71
72	Current Year Purchases	27,503		3,829	3,829	5	3,829	72
73	Fully Depreciated Assets	122,160				various	122,160	73
74	Admin Bldg Equip Allocation	133,705		10,347	10,347	various	115,381	74
75	TOTALS	\$ 732,251	\$	\$ 49,258	\$ 49,258		\$ 563,590	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Patient Transport	2001 Ford van	2005	\$ 9,054	\$	\$	\$	5	\$ 9,054	76
77										77
78										78
79										79
80	TOTALS			\$ 9,054	\$	\$	\$		\$ 9,054	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 8,313,519	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 265,233	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 259,148	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (6,085)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,318,475	85

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

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	281 Walkway - 1980	\$ 21,141	\$ 480	\$ 17,296	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 21,141	\$ 480	\$ 17,296	91

G. Construction-in-Progress

	Description	Cost	
92	Private Room Study	\$ 21,619	92
93	Work in Progress	10,641	93
94			94
95		\$ 32,260	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. _____ /2016 \$ _____

13. _____ /2017 \$ _____

14. _____ /2018 \$ _____

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

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

9. Option to Buy: YES NO Terms: _____ *

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

15. Is Movable equipment rental included in building rental? YES NO

16. Rental Amount for movable equipment: \$ N/A Description: _____

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

Facility Name & ID Number Maple Lawn Health Center # 0042424 Report Period Beginning: 1/1/15 Ending: 12/31/15
XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>It is the policy of this facility to only hire certified nurses aides. 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	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	10A(3)	hrs	\$	3,572	\$ 60,696	\$	3,572	\$ 60,696	1
2	Licensed Speech and Language Development Therapist	10A(3)	hrs		629	20,913		629	20,913	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10A(2), 10A(3)	hrs		5,842	119,550	1,342	5,842	120,892	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39(2)	# of prescrpts				43,209		43,209	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):									13
14	TOTAL			\$	10,043	\$ 201,159	\$ 44,551	10,043	\$ 245,710	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 Maple Lawn Health Center

0042424

Report Period Beginning: 1/1/15

Ending:

12/31/15

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/15 (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	\$ 147,099	\$ 147,099	1
2	Cash-Patient Deposits	5,583	5,583	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>60,000</u>)	496,450	496,450	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	3,252	3,252	6
7	Other Prepaid Expenses	14,742	14,742	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Intercompany</u>	1,392,601	1,392,601	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,059,727	\$ 2,059,727	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments	162,179	162,179	12
13	Land	2,750	2,750	13
14	Buildings, at Historical Cost	7,303,530	7,569,464	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	748,793	741,305	16
17	Accumulated Depreciation (book methods)	(4,227,705)	(4,318,475)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	582,696	582,696	21
22	Other Long-Term Assets (spec <u>Ppd loan costs</u>)	222,762	222,762	22
23	Other(specify): <u>Work in Progress</u>	32,260	53,879	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,827,265	\$ 5,016,560	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,886,992	\$ 7,076,287	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 443,942	\$ 443,942	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	5,583	5,583	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	60,226	60,226	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	30,019	30,019	32
33	Accrued Interest Payable	18,970	18,970	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Accrued Expenses</u>	13,763	13,763	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 572,503	\$ 572,503	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	1,060,290	1,060,290	39
40	Mortgage Payable	4,345,575	4,345,575	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 5,405,865	\$ 5,405,865	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 5,978,368	\$ 5,978,368	46
47	TOTAL EQUITY(page 18, line 24)	\$ 908,624	\$ 1,097,919	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 6,886,992	\$ 7,076,287	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,999,106	1
2	Restatements (describe):		2
3	Prior Period Adjustments	10,842	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,009,948	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(1,101,324)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,101,324)	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)	\$ 908,624	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	\$ 5,444,523	1
2	Discounts and Allowances for all Levels	(1,303,736)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 4,140,787	3
B. Ancillary Revenue			
4	Day Care	400	4
5	Other Care for Outpatients		5
6	Therapy	73,441	6
7	Oxygen	17,199	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 91,040	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	642	12
13	Barber and Beauty Care	2,535	13
14	Non-Patient Meals	92,291	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	74	19
20	Radiology and X-Ray		20
21	Other Medical Services	101,342	21
22	Laundry	50	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 196,934	23
D. Non-Operating Revenue			
24	Contributions	149,329	24
25	Interest and Other Investment Income***	53	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 149,382	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Transportation Income	3,997	28
28a	See Attached Schedule 19A	19,835	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 23,832	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 4,601,975	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,133,945	31
32	Health Care	2,096,381	32
33	General Administration	1,469,944	33
B. Capital Expense			
34	Ownership	571,759	34
C. Ancillary Expense			
35	Special Cost Centers	254,111	35
36	Provider Participation Fee	177,159	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 5,703,299	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,101,324)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,101,324)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,273,313	44
45	Private Pay - Net Inpatient Revenue	2,370,136	45
46	Medicare - Net Inpatient Revenue	497,338	46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 4,140,787	49

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Maple Lawn Health Center

Period Beginning **1/1/15**
Period End **12/31/15**

Schedule 19A

XVIII. Income Statement, Line 28a Other Revenue

Quilt Revenue	150
Reserve Reimbursement	12,668
Miscellaneous Revenue	(4,338)
Cottingham Revenue	<u>11,355</u>
Total Other Revenue	<u><u>19,835</u></u>

Facility Name & ID Number Maple Lawn Health Center

0042424

Report Period Beginning:

1/1/15

Ending:

12/31/15

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,944	2,160	\$ 74,657	\$ 34.56	1
2	Assistant Director of Nursing					2
3	Registered Nurses	17,445	18,679	491,585	26.32	3
4	Licensed Practical Nurses	6,523	7,259	160,467	22.11	4
5	CNAs & Orderlies	54,101	59,139	749,916	12.68	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,957	2,125	30,526	14.37	8
9	Activity Director	2,143	2,404	36,795	15.31	9
10	Activity Assistants	5,567	5,960	66,580	11.17	10
11	Social Service Workers	1,992	2,160	47,487	21.98	11
12	Dietician	1,810	1,978	54,228	27.42	12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	20,370	21,962	240,608	10.96	15
16	Dishwashers					16
17	Maintenance Workers	3,131	3,470	58,830	16.95	17
18	Housekeepers	12,315	13,728	169,348	12.34	18
19	Laundry	3,437	3,789	38,224	10.09	19
20	Administrator	1,685	1,944	126,897	65.28	20
21	Assistant Administrator	182	182	5,198	28.56	21
22	Other Administrative					22
23	Office Manager	1,314	1,451	59,397	40.94	23
24	Clerical	9,015	10,080	176,556	17.52	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,139	2,283	30,829	13.50	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Sch 20A</u>	5,973	6,604	140,004	21.20	33
34	TOTAL (lines 1 - 33)	153,043	167,357	\$ 2,758,132 *	\$ 16.48	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant			35	
36	Medical Director	Monthly	12,000	L9, C3	36
37	Medical Records Consultant				37
38	Nurse Consultant	27	7,563	L10, C3	38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant	Monthly	21,755	L10a, C3	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	295	1,225	L11, C3	44
45	Social Service Consultant	317	2,677	L12, C3	45
46	Other(specify) <u>Dental</u>	Monthly	500	L10, C3	46
47					47
48					48
49	TOTAL (lines 35 - 48)	639	\$ 45,720		49

C. CONTRACT NURSES

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

SEE ACCOUNTANTS' COMPILATION REPORT

Maple Lawn Health Center

Period Beginning 1/1/15
Period End 12/31/15

Schedule 20A

XVIII. Staffing and Salary Costs

	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage
Transportation	886	960	10,359	10.79
Chaplain	1,793	1,944	49,549	25.49
Community Relations	1,742	1,944	47,782	24.58
Marketing/Dev	1,552	1,756	32,314	18.40
TOTAL	<u>5,973</u>	<u>6,604</u>	<u>140,004</u>	

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	
James Thomason	Administrator	0	\$ 126,897	Workers' Compensation Insurance	\$ 152,449	IDPH License Fee	\$	
Laura Collins	Asst Administrator	0	5,198	Unemployment Compensation Insurance	10,383	Advertising: Employee Recruitment	5,444	
				FICA Taxes	201,054	Health Care Worker Background Check		
				Employee Health Insurance	165,917	(Indicate # of checks performed <u>44</u>)	232	
				Employee Meals		Patient Background Checks <u>45</u>	400	
				Illinois Municipal Retirement Fund (IMRF)*		Illinois Health Care Association	6,720	
				Employee Pension Plan	24,460	Mennonite Health Services	8,920	
				Employee Life/Disability	6,930	Friends Services for the Aging	21,572	
				Employee Physicals, Hep. B.	6,855	Misc Dues & Licenses	5,983	
				Employee Relations	3,578			
				Child Daycare	4,480	Less: Public Relations Expense	()	
				Other Empl Benefits	4,925	Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1)				TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
(List each licensed administrator separately.)			\$ 132,095			\$ 49,271		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
N/A			\$	N/A			Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3)			\$	TOTAL		\$	Seminar Expense	
(Attach a copy of any management service agreement)							See Attached Detail	14,519
C. Professional Services								
Vendor/Payee	Type		Amount					
Jackson Lewis, LLP	Legal		\$ 8,160					
Gregory C. Knapp	Legal		17,431					
Rafool, Bourne and Shelby	Legal		550					
Heinold-Banwart Ltd.	Audit		32,840					
Phillips, Salmi & Associates	Accounting		3,876					
Templin Healthcare Accounting	Cost Report preparation		3,913					
Frost Ruttenberg & Rothblatt	Healthcare Consultant		3,042					
Ability Network	Computer Service		6,571					
MDI Achieve	Computer Service		28,271					
AOD	Computer Service		10,402					
See Attached Schedule			78,305					
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL			\$	
(For legal fee disclosure, see page 39 of instructions)			\$ 193,361				TOTAL (agree to Sch. V, line 24, col. 8)	
							\$ 14,519	

* Attach copy of IMRF notifications
SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

Maple Lawn Health Center

Period Beginning 1/1/15
Period End 12/31/15

Schedule 21A

<u>Vendor/Payee</u>	<u>Type</u>	<u>Amount</u>
Casamba	Therapy Software	4,200
Blackbaud	Computer Service	7,724
IT 360	Computer Service	65,657
Misc Vendors	Computer Software/Domain	724
	Total	<u>78,305</u>

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

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3	N/A											
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 Maple Lawn Health Center

0042424

Report Period Beginning: 1/1/15

Ending: 12/31/15

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?
If YES, give association name and amount. 6,720 IHCA
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (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? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 5 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 29,891 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 177,159
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. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 92,933
- (16) Travel and Transportation
 - a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
 - b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
 - c. What percent of all travel expense relates to transportation of nurses and patients? 100
 - d. Have vehicle usage logs been maintained? Yes
 - e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
 - f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
 - g. Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Heinold-Banwart Ltd.
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees.