

Facility Name & ID Number Jerseyville Manor

0047597 Report Period Beginning: 10/1/16 Ending: 9/30/17

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	160	Skilled (SNF)	160	58,400	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	160	TOTALS	160	58,400	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	26,027	12,438	7,812	46,277	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	26,027	12,438	7,812	46,277	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 79.24%

D. How many bed reserve days during this year were paid by the Department? 0 (Do not include bed reserve 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 10/01/05

J. Was the facility purchased or leased after January 1, 1978?
 YES Date 9/28/05 NO

K. Was the facility certified for Medicare during the reporting year?
 YES NO If YES, enter number of beds certified 160 and days of care provided 7,203

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 9/30/2017 Fiscal Year: 9/30/2017

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Jerseyville Manor # 0047597 Report Period Beginning: 10/1/16 Ending: 9/30/17

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	336,201	37,519	13,236	386,956		386,956		386,956		1
2	Food Purchase		400,766		400,766		400,766	(2,958)	397,808		2
3	Housekeeping	185,814	56,016		241,830		241,830		241,830		3
4	Laundry	92,240	18,928		111,168		111,168		111,168		4
5	Heat and Other Utilities			171,920	171,920		171,920		171,920		5
6	Maintenance	89,068	56,782	48,565	194,415		194,415		194,415		6
7	Other (specify):*										7
8	TOTAL General Services	703,323	570,011	233,721	1,507,055		1,507,055	(2,958)	1,504,097		8
	B. Health Care and Programs										
9	Medical Director			32,400	32,400		32,400		32,400		9
10	Nursing and Medical Records	3,051,970	269,068	16,750	3,337,788		3,337,788		3,337,788		10
10a	Therapy										10a
11	Activities	108,435	3,468		111,903		111,903		111,903		11
12	Social Services	72,393			72,393		72,393		72,393		12
13	CNA Training										13
14	Program Transportation			4,210	4,210		4,210		4,210		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	3,232,798	272,536	53,360	3,558,694		3,558,694		3,558,694		16
	C. General Administration										
17	Administrative	111,347			111,347		111,347		111,347		17
18	Directors Fees							3,483	3,483		18
19	Professional Services			404,902	404,902		404,902	4,547	409,449		19
20	Dues, Fees, Subscriptions & Promotions			17,564	17,564		17,564	(522)	17,042		20
21	Clerical & General Office Expenses	133,688	27,534	91,232	252,454		252,454	107	252,561		21
22	Employee Benefits & Payroll Taxes			681,560	681,560		681,560		681,560		22
23	Inservice Training & Education			12,048	12,048		12,048		12,048		23
24	Travel and Seminar			884	884		884		884		24
25	Other Admin. Staff Transportation			4,213	4,213		4,213		4,213		25
26	Insurance-Prop.Liab.Malpractice			106,168	106,168		106,168	16,020	122,188		26
27	Other (specify):*										27
28	TOTAL General Administration	245,035	27,534	1,318,571	1,591,140		1,591,140	23,635	1,614,775		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,181,156	870,081	1,605,652	6,656,889		6,656,889	20,677	6,677,566		29

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

SEE ACCOUNTANTS' PREPARATION 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 Jerseyville Manor

#0047597

Report Period Beginning:

10/1/16

Ending:

9/30/17

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			138,131	138,131		138,131	379,644	517,775			30
31	Amortization of Pre-Op. & Org.											31
32	Interest							135,862	135,862			32
33	Real Estate Taxes			258	258		258	156,900	157,158			33
34	Rent-Facility & Grounds			861,744	861,744		861,744	(861,744)				34
35	Rent-Equipment & Vehicles			19,885	19,885		19,885		19,885			35
36	Other (specify):* Mort Ins							19,156	19,156			36
37	TOTAL Ownership			1,020,018	1,020,018		1,020,018	(170,182)	849,836			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		262,953	1,191,415	1,454,368		1,454,368		1,454,368			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			321,501	321,501		321,501		321,501			42
43	Other (specify):* See Att Sch 4A	54,864		497,376	552,240		552,240	(503,018)	49,222			43
44	TOTAL Special Cost Centers	54,864	262,953	2,010,292	2,328,109		2,328,109	(503,018)	1,825,091			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,236,020	1,133,034	4,635,962	10,005,016		10,005,016	(652,523)	9,352,493			45

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

SEE ACCOUNTANTS' PREPARATION REPORT

Jerseyville Manor

Period Beginning 10/1/16

Period End 9/30/17

Schedule 4A

V. Cost Center Expenses

		Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					5	6
		1	2	3	4						
	Ancillary Expense										
	E. Special Cost Centers										
43	Other (specify):*				0		0		0		
	Laboratory/Expenses			36,405	36,405		36,405		36,405		
	Radiology Expenses			12,817	12,817		12,817		12,817		
	Non-Allowable Expenses	54,864		448,154	503,018		503,018	(503,018)	0		
					0		0		0		
					0		0		0		
	TOTAL Other Special C	54,864	0	497,376	552,240	0	552,240	(503,018)	49,222		

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	(975)	2		4
5	Telephone, TV & Radio in Resident Rooms	(7,547)	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				9
10	Interest and Other Investment Income	(104)	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	(775)	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				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(394,991)	43		24
25	Fund Raising, Advertising and Promotional	(45,616)	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	(415,223)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (865,231)		\$	30

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

		1	2	
		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)	212,708		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 212,708		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (652,523)		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

BHF USE ONLY							
48		49		50		51	52

SEE ACCOUNTANTS' PREPARATION REPORT

Jerseyville Manor

ID# 0047597

Report Period Beginning: 10/1/16

Ending: 9/30/17

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	Sch. V Line
1	Offset Vending Income Against Food	\$ (1,983)	2	1
2	Disallow Marketing Wages	(54,864)	43	2
3	Disallow R/E Entity HUD Audit	(14,060)	19	3
4	Disallow Related Party Interest Expense	(344,316)	32	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				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	(415,223)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Jerseyville Manor

0047597

Report Period Beginning:

10/1/16

Ending:

9/30/17

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
		(to Sch V, col.7)												
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(2,958)	0	0	0	0	0	0	0	0	0	0	(2,958)	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	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(2,958)	0	0	0	0	0	0	0	0	0	0	(2,958)	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	3,483	0	0	0	0	0	0	0	0	0	3,483	18
19	Professional Services	(14,060)	4,547	14,060	0	0	0	0	0	0	0	0	4,547	19
20	Fees, Subscriptions & Promotions	(775)	3	250	0	0	0	0	0	0	0	0	(522)	20
21	Clerical & General Office Expenses	0	77	30	0	0	0	0	0	0	0	0	107	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	0	0	0	0	0	0	0	0	0	0	0	0	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	16,020	0	0	0	0	0	0	0	0	16,020	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(14,835)	8,110	30,360	0	23,635	28							
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(17,793)	8,110	30,360	0	20,677	29							

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Jerseyville Manor

0047597

Report Period Beginning:

10/1/16

Ending:

9/30/17

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 TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	0	0	379,644	0	0	0	0	0	0	0	0	379,644	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(344,420)	0	480,282	0	0	0	0	0	0	0	0	135,862	32
33	Real Estate Taxes	0	0	156,900	0	0	0	0	0	0	0	0	156,900	33
34	Rent-Facility & Grounds	0	0	(861,744)	0	0	0	0	0	0	0	0	(861,744)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	19,156	0	0	0	0	0	0	0	0	19,156	36
37	TOTAL Ownership	(344,420)	0	174,238	0	(170,182)	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):*	(503,018)	0	0	0	0	0	0	0	0	0	0	(503,018)	43
44	TOTAL Special Cost Centers	(503,018)	0	0	0	0	0	0	0	0	0	0	(503,018)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(865,231)	8,110	204,598	0	(652,523)	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
None	N/A	Unlimited Development, Inc (UDI)		See Page 6 Supplemental		
		Community Living Options, Inc. (CLO)				
		See Page 6 Supplemental for specific homes				

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			
1	V	18 Director Fees	\$	Unlimited Development, Inc.	100.00%	\$ 3,483	\$ 3,483	1	
2	V	19 Professional Fees		Unlimited Development, Inc.	100.00%	4,547	4,547	2	
3	V	20 Dues, Licenses and Subs		Unlimited Development, Inc.	100.00%	3	3	3	
4	V	21 General Admin Expense		Unlimited Development, Inc.	100.00%	77	77	4	
5	V							5	
6	V							6	
7	V							7	
8	V							8	
9	V							9	
10	V							10	
11	V							11	
12	V							12	
13	V							13	
14	Total		\$			\$ 8,110	\$ *	8,110	14

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Jerseyville Manor

0047597

Report Period Beginning: 10/1/16

Ending: 9/30/17

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	19 Professional Fees	\$	Jerseyville North State, LLC	N/A	\$ 14,060	\$	14,060	15
16	V	20 Dues, Fees, Subs & Prom		Jerseyville North State, LLC	N/A	250		250	16
17	V	21 Clerical & General Office Exp		Jerseyville North State, LLC	N/A	30		30	17
18	V	26 Property Insurance		Jerseyville North State, LLC	N/A	16,020		16,020	18
19	V	30 Depreciation		Jerseyville North State, LLC	N/A	379,644		379,644	19
20	V	32 Interest Expense	292	Jerseyville North State, LLC	N/A	480,574		480,282	20
21	V	33 Property Taxes		Jerseyville North State, LLC	N/A	156,900		156,900	21
22	V	34 Facility Rent	861,744	Jerseyville North State, LLC	N/A			(861,744)	22
23	V	36 Mortgage Insurance		Jerseyville North State, LLC	N/A	19,156		19,156	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		\$ 862,036			\$ 1,066,634	\$ *	204,598	39

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number

Jerseyville Manor

0047597

Report Period Beginning:

10/1/16

Ending:

9/30/17

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	Community Living Options, Inc.	100%			Allen Court	Clinton	CILA	1
2	Community Living Options, Inc.	100%	Beardstown Terrace	Beardstown				2
3	Community Living Options, Inc.	100%	Bellefontaine Place	Waterloo				3
4	Community Living Options, Inc.	100%	Braun's Terrace	Greenville				4
5	Community Living Options, Inc.	100%	Carthage Terrace	Carthage				5
6	Community Living Options, Inc.	100%	Curtiss Court	Springfield				6
7	Community Living Options, Inc.	100%	Davies Square	Pekin				7
8	Community Living Options, Inc.	100%	Douglas Terrace	Jacksonville				8
9	Community Living Options, Inc.	100%	Edwardsville Terrace	Edwardsville				9
10	Community Living Options, Inc.	100%	Effingham Terrace	Effingham				10
11	Community Living Options, Inc.	100%			Eisenhower Terrace	Jacksonville	CILA	11
12	Community Living Options, Inc.	100%	Freeburg Terrace	Freeburg				12
13	Community Living Options, Inc.	100%	Froehlich House	Galesburg				13
14	Community Living Options, Inc.	100%	Gaines Mill Place	Springfield				14
15	Community Living Options, Inc.	100%	Glenwood Terrace	Springfield				15
16	Community Living Options, Inc.	100%			Hawthorne Terrace	Galesburg	CILA	16
17	Community Living Options, Inc.	100%	Highview Terrace	Paris				17
18	Community Living Options, Inc.	100%	Jacksonville Group Homes:					18
19	Community Living Options, Inc.	100%	Anna Terrace	Jacksonville				19
20	Community Living Options, Inc.	100%	Campbell Court	Jacksonville				20
21	Community Living Options, Inc.	100%	LaFayette Terrace	Jacksonville				21
22	Community Living Options, Inc.	100%	Kepley House	Pittsfield				22
23	Community Living Options, Inc.	100%	Lawrence Place	Lincoln				23
24	Community Living Options, Inc.	100%	Lincoln Terrace	Lincoln				24
25	Community Living Options, Inc.	100%	Maple Terrace	Quincy				25
26	Community Living Options, Inc.	100%	Plonka Terrace	Galesburg				26
27	Community Living Options, Inc.	100%	Quincy Terrace	Quincy				27
28	Community Living Options, Inc.	100%	Schultz House	Danville				28
29	Community Living Options, Inc.	100%	Stevens House	Galesburg				29
30								30

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number

Jerseyville Manor

0047597

Report Period Beginning:

10/1/16

Ending:

9/30/17

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	Community Living Options, Inc.	100%	Tanner Place	Paris				1
2	Community Living Options, Inc.	100%	Taylor House	Springfield				2
3	Community Living Options, Inc.	100%	Thelma Terrace	Wood River				3
4	Community Living Options, Inc.	100%	Trulson House	Galesburg				4
5	Community Living Options, Inc.	100%	Vahle Terrace	Jerseyville				5
6	Community Living Options, Inc.	100%	Walsh Terrace	Galesburg				6
7	Community Living Options, Inc.	100%	Wetherell Place	Effingham				7
8	Community Living Options, Inc.	100%	Woodriver Group Homes:					8
9	Community Living Options, Inc.	100%	Aberdeen Terrace	Alton				9
10	Community Living Options, Inc.	100%	Linton Terrace	Wood River				10
11	Community Living Options, Inc.	100%	Madison Terrace	Wood River				11
12	Community Living Options, Inc.	100%	Pershing Terrace	Wood River				12
13	Community Living Options, Inc.	100%			Audrey Court	Clinton	CILA	13
14	Unlimited Development, Inc. (UDI)	100%	Parkway Manor	Marion				14
15	Unlimited Development, Inc. (UDI)	100%			Parkway Estates	Marion	Retirement living ce	15
16	Unlimited Development, Inc. (UDI)	100%	Maryville Manor	Maryville				16
17	Unlimited Development, Inc. (UDI)	100%	Shelbyville Manor	Shelbyville				17
18	Unlimited Development, Inc. (UDI)	100%	Leroy Manor	Leroy				18
19	Unlimited Development, Inc. (UDI)	100%			Liberty Estates of Car	Carbondale	Retirement living ce	19
20	Unlimited Development, Inc. (UDI)	100%	Care Center of Abingdon	Abingdon				20
21	Unlimited Development, Inc. (UDI)	100%	Seminary Manor	Galesburg				21
22	Unlimited Development, Inc. (UDI)	100%			Seminary Estates	Galesburg	Retirement living ce	22
23	Unlimited Development, Inc. (UDI)	100%			Hawthorne Inn of Gal	Galesburg	Assisted Living Faci	23
24	Unlimited Development, Inc. (UDI)	100%	Centralia Manor	Centralia				24
25	Unlimited Development, Inc. (UDI)	100%			Centralia Estates	Centralia Estates	Retirement living ce	25
26	Unlimited Development, Inc. (UDI)	100%	Pittsfield Manor	Pittsfield				26
27	Unlimited Development, Inc. (UDI)	100%	Pekin Manor	Pekin				27
28	Unlimited Development, Inc. (UDI)	100%			Pekin Estates	Pekin	Retirement living ce	28
29	Unlimited Development, Inc. (UDI)	100%	Jerseyville Manor	Jerseyville				29
30								30

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number

Jerseyville Manor

0047597

Report Period Beginning:

10/1/16

Ending:

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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	Unlimited Development, Inc. (UDI)	100%	River Hills Manor	Keokuk, IA				1
2	Unlimited Development, Inc. (UDI)	100%			River Hills Estates	Keokuk, IA	Retirement living ce	2
3	Unlimited Development, Inc. (UDI)	100%			River Hills Inn	Keokuk, IA	Assisted living facili	3
4	Unlimited Development, Inc. (UDI)	100%			Centralia East McCorn	Galesburg	Lessor	4
5	Unlimited Development, Inc. (UDI)	100%			Galesburg North Semi	Galesburg	Lessor	5
6	Unlimited Development, Inc. (UDI)	100%			Jerseyville North State	Galesburg	Lessor	6
7	Unlimited Development, Inc. (UDI)	100%			Shelbyville Route 128,	Galesburg	Lessor	7
8	Unlimited Development, Inc. (UDI)	100%			Marion Willimason Co	Galesburg	Lessor	8
9	Unlimited Development, Inc. (UDI)	100%			Leroy South Buck, LL	Galesburg	Lessor	9
10	Unlimited Development, Inc. (UDI)	100%			2245 Seminary Street,	Galesburg	Lessor	10
11	Unlimited Development, Inc. (UDI)	100%			Pittsfield Lowry, LLC	Galesburg	Lessor	11
12	Unlimited Development, Inc. (UDI)	100%			Pekin El Camino, LLC	Galesburg	Lessor	12
13	Unlimited Development, Inc. (UDI)	100%			Abingdon West Marti	Galesburg	Lessor	13
14	Unlimited Development, Inc. (UDI)	100%			Keokuk Village Circle	Galesburg	Lessor	14
15	Unlimited Development, Inc. (UDI)	100%			The Kensington	Galesburg	Supportive Living	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' PREPARATION REPORT

Facility Name & ID Number Jerseyville Manor # 0047597 Report Period Beginning: 10/1/16 Ending: 9/30/17

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	See Attached Schedule 7A								\$ 3,483	L18, C7	1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 3,483		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' PREPARATION REPORT

Facility Name & ID Number Jerseyville Manor

0047597

Report Period Beginning:

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Ending: 9/30/17

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 Unlimited Development, Inc.
 Street Address 285 S Farnham
 City / State / Zip Code Galesburg, IL 61401
 Phone Number (309) 343-1550
 Fax Number (309) 343-2857

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	18	Director Fees	Weighted Avail Bed Days	528,155	21	\$ 31,500	\$ 58,400	\$ 3,483	1
2	19	Professional Fees	Weighted Avail Bed Days	528,155	21	41,123	58,400	4,547	2
3	20	Dues, Licenses and Subs	Weighted Avail Bed Days	528,155	21	25	58,400	3	3
4	21	General Admin Expense	Weighted Avail Bed Days	528,155	21	703	58,400	77	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					\$ 73,351	\$	\$ 8,110	25

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number

Jerseyville Manor

0047597

Report Period Beginning:

10/1/16

Ending:

9/30/17

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2		3	4	5	6		7	8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
A. Directly Facility Related																		
Long-Term																		
1	Cambridge Realty Capital						\$	\$			\$	1						
2	LTD. of Illinois		X	Facility purchase	\$17,694.29	5/1/12	4,173,100	3,803,273	3/1/2046	3.5500	136,258	2						
3												3						
4	Community Living											4						
5	Options, Inc.	X		Wing addition		8/1/2009	5,738,601	5,738,601	7/1/2039	6.0000	344,316	5						
Working Capital																		
6												6						
7												7						
8												8						
9	TOTAL Facility Related				\$17,694.29		\$ 9,911,701	\$ 9,541,874			\$ 480,574	9						
B. Non-Facility Related*																		
10												10						
11											(396)	11						
12											(344,316)	12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			\$ (344,712)	14						
15	TOTALS (line 9+line14)						\$ 9,911,701	\$ 9,541,874			\$ 135,862	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 19,156 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' PREPARATION REPORT

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

(See instructions.)

2016 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Jerseyville Manor COUNTY Jersey

FACILITY IDPH LICENSE NUMBER 0047597

CONTACT PERSON REGARDING THIS REPORT Ron Wilson

TELEPHONE (309) 343-1550 FAX #: (309) 343-2857

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2016 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 2016.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>04-127-014-00</u>	<u>S17 T8 R11 UNPLATTED</u>	\$ <u>147,480.04</u>	\$ <u>147,480.04</u>
2. _____	<u>PARCELS PT SE 1/4 (TRACT</u>	\$ _____	\$ _____
3. _____	<u>1 - SURVEY IN PLAT CAB 1/54B)</u>	\$ _____	\$ _____
4. <u>04-017-009-00</u>	<u>S17 T8 R11 TRACT IN SE1/4</u>	\$ <u>257.72</u>	\$ <u>257.72</u>
5. _____	<u>SE 1/4 9-04 85K, 10-00 75K</u>	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>147,737.76</u></u>	\$ <u><u>147,737.76</u></u>

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the original 2016 tax bills which were listed in Section A to this statement. Be sure to use the 2016 tax bill which is normally paid during 2017.

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 Jerseyville Manor

0047597 Report Period Beginning:

10/1/16 Ending:

9/30/17

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 55,306 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 1

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO

If so, please complete the following:

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

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	Facility	3.5 Acres	2005	\$ 160,000	1
2	Facility Addition	.88 Acres	2008	14,025	2
3	TOTALS	#VALUE!		\$ 174,025	3

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Jerseyville Manor

0047597

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	92	2005		\$ 4,578,867	\$	40	\$ 114,472	\$ 114,472	\$ 1,383,201	4
5	68	2008		4,926,175		25	197,047	197,047	1,773,423	5
6										6
7										7
8										8
Improvement Type**										
9	Attic Insulation	2005		5,952	397	15	397		4,762	9
10	Parking Lot Lighting	2006		5,355	357	15	357		4,106	10
11	Furnace, Wall Paper/Paint Dining/Kitchen/Beauty Shop	2008		13,072	168	5-15 yrs	168		12,124	11
12	Floor Scrubber, Elec Sign, Prking Lot, Renten Pnd, Sidwks	2008		398,166	4,474	5-20 yrs	10,592	6,118	349,214	12
13	Landscaping, Fence	2008		47,677		10-15 yrs	4,487	4,487	40,378	13
14	Electric Install, Recliner Wheelchairs, Baskets	2008		37,076	2,852	13	2,852		25,430	14
15	Dish Truck, Steamable, Convect. Steamer, Wiring Convec Over	2008		15,149	1,515	10	1,515		13,382	15
16	Roof	2008		116,316	11,632	10	11,632		103,716	16
17	Paint & Wallpaper, Paint & Wallpaper, Fence	2008		16,441	55	5-8 yrs	55		16,441	17
18	Wndw Decs, Duct work, Veranda, outside lights, Jrsyvile Parking Lot	2009		265,075	21,135	5-15 yrs	21,135		242,412	18
19	Water heater	2010		4,760	476	10	476		3,332	19
20	Generator, Water heater, lobby remodel (Contracted Total)	2011		39,722	3,065	5-12 yrs.	3,065		24,874	20
21	Bathroom #1- Fixtures/Plumbing/Toilet/Drywall/Cabinets/Tile Floor/Pain	2012		68,090	5,674	12	5,674		27,897	21
22	Bathroom #2- Drywall/Plumbing/Fixtures/Cabinets/Tile Floor/Toilet/ Gra	2012		59,732	4,978	12	4,978		24,474	22
23	Bathroom #3- Fixtures/Plumbing/Toilet/Cabinets/Paint/ Drywall	2012		29,696	2,475	12	2,475		12,168	23
24	Bathroom #4- Fixtures/Drywall/Paint/Cabinets/Toilet/Tile Floor/ Grab Ba	2012		30,269	2,522	12	2,522		12,400	24
25	Water heater	2014		10,185	1,019	10	1,019		3,820	25
26	Water heater	2014		5,204	520	10	520		1,951	26
27	Exterior Double Doors	2014		5,641	564	10	564		1,927	27
28	Courtyard Doors	2014		2,615	174	15	174		595	28
29	Hollow Metal Doors	2014		4,937	247	20	247		844	29
30	Water Softener	2014		3,539	354	10	354		1,150	30
31	Concrete-Parking Lot	2014		52,000	3,467	15	3,467		10,690	31
32	Concrete Driveway	2015		25,040	1,669	15	1,669		3,894	32
33	Furnace/AC	2015		6,800	680	10	680		1,530	33
34	Carpet Therapy Room	2015		2,791	558	5	558		1,163	34
35	Therapy Room Addition	2015		582,659			14,566	14,566	26,705	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' PREPARATION REPORT

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37 Quarry Tile-Kitchen/VCT-Hall/Breakroom/Office/3 Bathrooms	2015	9,804	490	20	490	\$	\$ 939	37
38 Seal Parking Lot	2016	5,058	632	8	632		948	38
39 Kitchen Remodel-Tile/Cabinets/Counter Tops/Fixtures/Plumbing	2016	152,555	12,713	12	12,713		18,010	39
40 A/C Unit; Coil	2016	10,100	2,020	5	2,020		2,188	40
41 A/C Unit; Coil, Furnace, Condenser-Roof Top Unit	2016	10,250	683	15	683		740	41
42 Repair Boiler Fill Valve	2016	2,836	260	10	260		260	42
43 Furnace/AC Units/Coil	2017	10,950	304	15	304		304	43
44 100 Wing-Demo Electrical, Install TV Receptacles, Jacks/Light Fix	2017	16,985	425	10	425		425	44
45 300 Wing-Demo Electrical, Install TV Receptacles, Jacks/Light Fix	2017	14,536	363	10	363		363	45
46 200 Wing-Demo Electrical, Install TV Receptacles, Jacks/Light Fix	2017	20,217	505	10	505		505	46
47 100-300 Wing Remodel-VCT Tile/Lighting/Cove Base/Nurse Call/I	2017	949,403	6,593	12	6,593		6,593	47
48 Life Safety/Ceiling Mural								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70 TOTAL (lines 4 thru 69)		\$ 12,561,695	\$ 96,015		\$ 432,705	\$ 336,690	\$ 4,159,278	70

SEE ACCOUNTANTS' PREPARATION REPORT

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

Facility Name & ID Number Jerseyville Manor

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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	\$ 1,040,362	\$ 28,370	\$ 71,324	\$ 42,954	3-15 yrs	\$ 847,565	71
72	Current Year Purchases	293,589	3,264	3,264		5-10 Years	3,264	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 1,333,951	\$ 31,634	\$ 74,588	\$ 42,954		\$ 850,829	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 Care	2014 Braun Entervan	2014	\$ 41,928	\$ 10,482	\$ 10,482	\$	4	\$ 35,813	76
77										77
78										78
79										79
80	TOTALS			\$ 41,928	\$ 10,482	\$ 10,482	\$		\$ 35,813	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)	\$ 14,111,599	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 138,131	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 517,775	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 379,644	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,045,920	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	2005 Ford E350 - 2005	\$ 47,110	\$	\$ 47,110	86
87	2006 Toyota Corolla - 2006	15,288		15,288	87
88	2003 GMC G3500 Van - 2006	29,848		29,848	88
89					89
90					90
91	TOTALS	\$ 92,246	\$	\$ 92,246	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

SEE ACCOUNTANTS' PREPARATION 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.	_____ /2018	\$ _____
13.	_____ /2019	\$ _____
14.	_____ /2020	\$ _____

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 _____.

N/A

N/A

9. Option to Buy: YES NO Terms: N/A *

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: \$ 19,885 Description: See Attached Schedule 14A

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name: Jerseyville Manor
IDPH License ID Number: 0047597
Fiscal Year End: 9/30/17

Schedule 14A

XIV. Rental Costs

Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
Medical Equipment Rental	19,661
Office Equipment	180
Other Equipment Rental	44
Total - Line 16	19,885

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			
		1	2	3	4
		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' PREPARATION 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	39(3)	hrs	\$	1,644	\$ 502,954	\$	1,644	\$ 502,954	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		493	154,681		493	154,681	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(3)	hrs		1,352	492,014		1,352	492,014	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39(2)	# of prescripts				262,953		262,953	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Respiratory Therapy</u>	39(3)			870	41,766		870	41,766	12
13	Other (specify):									13
14	TOTAL			\$	4,359	\$ 1,191,415	\$ 262,953	4,359	\$ 1,454,368	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' PREPARATION REPORT

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	\$ 78,896	\$ 442,327	1
2	Cash-Patient Deposits	25,800	25,800	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 216,000)	1,839,778	1,843,266	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	124,930	137,533	6
7	Other Prepaid Expenses	2,980	15,893	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Interdivision Receivable</u>	7,060,237	6,295,607	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 9,132,621	\$ 8,760,426	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		174,025	13
14	Buildings, at Historical Cost	2,080,962	12,561,695	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	802,451	1,375,879	16
17	Accumulated Depreciation (book methods)	(999,615)	(5,045,920)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Sch 17A</u>		399,092	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,883,798	\$ 9,464,771	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 11,016,419	\$ 18,225,197	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 197,873	\$ 197,873	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	25,800	25,800	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	92,830	92,830	30
31	Accrued Taxes Payable (excluding real estate taxes)	110,791	110,791	31
32	Accrued Real Estate Taxes(Sch.IX-B)		111,067	32
33	Accrued Interest Payable		183,409	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36				36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 427,294	\$ 721,770	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		9,541,874	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Security Deposits</u>	39,000	39,000	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 39,000	\$ 9,580,874	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 466,294	\$ 10,302,644	46
47	TOTAL EQUITY(page 18, line 24)	\$ 10,550,125	\$ 7,922,553	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 11,016,419	\$ 18,225,197	48

SEE ACCOUNTANTS' PREPARATION REPORT

*(See instructions.)

Jerseyville Manor

Period Beginning **10/1/16**
Period End **9/30/17**

Schedule 17A

XV. Balance Sheet

Line 23 Other

	Operating	After Consolidation
Replacement Reserve		383,040
Loan Fees, Net		
Real Estate Tax Escrow		8,520
Insurance Escrow		2,000
MIP Escrow		5,532
TOTAL		399,092

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 10,025,209	1
2	Restatements (describe):		2
3	Prior Year Post Closing Adjustment	(6,204)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 10,019,005	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	531,120	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)	\$ 531,120	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)	\$ 10,550,125	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Jerseyville Manor

0047597

Report Period Beginning: 10/1/16

Ending:

9/30/17

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

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 10,051,195	1
2	Discounts and Allowances for all Levels	(70,485)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,980,710	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	533,542	6
7	Oxygen	8,255	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 541,797	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	1,983	12
13	Barber and Beauty Care	5,051	13
14	Non-Patient Meals	975	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		19
20	Radiology and X-Ray		20
21	Other Medical Services	3,136	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 11,145	23
D. Non-Operating Revenue			
24	Contributions	220	24
25	Interest and Other Investment Income***	92	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 312	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Late Fees/Maintenance Fees	2,172	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 2,172	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,536,136	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,507,055	31
32	Health Care	3,558,694	32
33	General Administration	1,591,140	33
B. Capital Expense			
34	Ownership	1,020,018	34
C. Ancillary Expense			
35	Special Cost Centers	2,006,608	35
36	Provider Participation Fee	321,501	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,005,016	40
41	Income before Income Taxes (line 30 minus line 40)**	531,120	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 531,120	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 3,726,933	44
45	Private Pay - Net Inpatient Revenue	2,024,463	45
46	Medicare - Net Inpatient Revenue	3,823,737	46
47	Other-(specify) Medicare Replacement/Managed Care	261,325	47
48	Other-(specify) Hospice	144,252	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 9,980,710	49

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

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

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

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number **Jerseyville Manor**

0047597

Report Period Beginning:

10/1/16

Ending:

9/30/17

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	1,816	1,880	\$ 77,997	\$ 41.49	1
2	Assistant Director of Nursing	1,632	1,664	50,185	30.17	2
3	Registered Nurses	26,540	28,515	664,404	23.30	3
4	Licensed Practical Nurses	26,403	27,713	599,732	21.64	4
5	CNAs & Orderlies	133,512	141,101	1,633,225	11.57	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	9,560	10,282	108,435	10.55	10
11	Social Service Workers	3,895	4,179	72,393	17.32	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	30,649	32,354	336,201	10.39	15
16	Dishwashers					16
17	Maintenance Workers	5,774	6,254	89,068	14.24	17
18	Housekeepers	18,142	18,911	185,814	9.83	18
19	Laundry	9,241	10,060	92,240	9.17	19
20	Administrator	1,892	2,080	111,347	53.53	20
21	Assistant Administrator					21
22	Other Administrative	1,872	2,080	54,864	26.38	22
23	Office Manager					23
24	Clerical	7,832	8,410	133,688	15.90	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,817	1,921	26,427	13.76	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	280,577	297,402	\$ 4,236,020 *	\$ 14.24	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	\$ 13,236	L1, C3	35
36	Medical Director	Monthly	32,400	L9, C3	36
37	Medical Records Consultant	Monthly	2,000	L10, C3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	11,177	L10, C3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 58,813		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' PREPARATION REPORT

Facility Name & ID Number Jerseyville Manor

0047597

Report Period Beginning: 10/1/16

Ending: 9/30/17

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	
Dana Bainter	Administrator	None	\$ 111,347	Workers' Compensation Insurance	\$ 65,691	IDPH License Fee	\$ 1,990	
				Unemployment Compensation Insurance	9,257	Advertising: Employee Recruitment	622	
				FICA Taxes	313,880	Health Care Worker Background Check		
				Employee Health Insurance	270,964	(Indicate # of checks performed 29)	717	
				Employee Meals		Patient Background Checks	83 2,075	
				Illinois Municipal Retirement Fund (IMRF)*				
				401k	14,855	Subscriptions	1,200	
				Other Employee Benefits	6,913	IHCA Dues	10,032	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 111,347			Other Licenses & Fees	928	
B. Administrative - Other						Allocation of Home Office	3	
Description			Amount			Less: Public Relations Expense	(525)	
N/A			\$			Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$	TOTAL (agree to Schedule V, line 22, col.8)	\$ 681,560	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 17,042	
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount
LTC Support Services, LLC	Support Services		\$ 206,940			\$	Out-of-State Travel	\$
RFMS, Inc.	Administrative Services		171,600					
Templin Healthcare Accounting	Accounting Services		3,231	N/A				
RSM US LLP	Accounting Services		20,428				In-State Travel	884
Norbert J Goetten	Legal Services		2,703					
							Seminar Expense	
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 404,902	TOTAL		\$	Entertainment Expense	()
							(agree to Sch. V, line 24, col. 8)	
							TOTAL	\$ 884

* Attach copy of IMRF notifications
SEE ACCOUNTANTS' PREPARATION REPORT

**See instructions.

