

Facility Name & ID Number Mt. Vernon Countryside Manor, Inc.

0035998 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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	33	Skilled (SNF)	33	12,045	1
2		Skilled Pediatric (SNF/PED)			2
3	58	Intermediate (ICF)	58	21,170	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	91	TOTALS	91	33,215	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				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF			7,019	7,019	8
9	SNF/PED					9
10	ICF	13,425	7,542	297	21,264	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	13,425	7,542	7,316	28,283	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.15%

D. How many bed reserve days during this year were paid by the Department?
None (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

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 05/09/1990

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

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 32 and days of care provided 6,594

Medicare Intermediary CGS

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2017 Fiscal Year: 12/31/2017

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

Facility Name & ID Number Mt. Vernon Countryside Manor, Inc. # 0035998 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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	187,051	15,032	8,148	210,231		210,231		210,231		1
2	Food Purchase		134,620		134,620		134,620	(3,280)	131,340		2
3	Housekeeping	86,162	13,209		99,371		99,371		99,371		3
4	Laundry	79,544	13,720		93,264		93,264		93,264		4
5	Heat and Other Utilities			98,562	98,562		98,562	(7,244)	91,318		5
6	Maintenance	87,436	41,448	36,624	165,508		165,508	1,130	166,638		6
7	Other (specify):* Sanitation			5,969	5,969		5,969		5,969		7
8	TOTAL General Services	440,193	218,029	149,303	807,525		807,525	(9,394)	798,131		8
	B. Health Care and Programs										
9	Medical Director			6,000	6,000		6,000		6,000		9
10	Nursing and Medical Records	1,678,320	91,509	3,863	1,773,692		1,773,692	(59)	1,773,633		10
10a	Therapy										10a
11	Activities	34,765	3,525		38,290	1,758	40,048		40,048		11
12	Social Services	54,132		3,516	57,648	(1,758)	55,890		55,890		12
13	CNA Training										13
14	Program Transportation		7,097		7,097		7,097		7,097		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	1,767,217	102,131	13,379	1,882,727		1,882,727	(59)	1,882,668		16
	C. General Administration										
17	Administrative	82,435	14,978	290,000	387,413	(4,344)	383,069	(104,685)	278,384		17
18	Directors Fees										18
19	Professional Services			10,730	10,730	4,344	15,074	(6,848)	8,226		19
20	Dues, Fees, Subscriptions & Promotions			32,267	32,267		32,267	(22,485)	9,782		20
21	Clerical & General Office Expenses	30,735	13,794	65,494	110,023		110,023	104,228	214,251		21
22	Employee Benefits & Payroll Taxes			327,631	327,631		327,631	25,947	353,578		22
23	Inservice Training & Education			2,384	2,384	(511)	1,873		1,873		23
24	Travel and Seminar			70	70	1,236	1,306	251	1,557		24
25	Other Admin. Staff Transportation			1,475	1,475	(725)	750	780	1,530		25
26	Insurance-Prop.Liab.Malpractice			57,172	57,172		57,172	1,665	58,837		26
27	Other (specify):*										27
28	TOTAL General Administration	113,170	28,772	787,223	929,165		929,165	(1,147)	928,018		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,320,580	348,932	949,905	3,619,417		3,619,417	(10,600)	3,608,817		29

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

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

Facility Name & ID Number

Mt. Vernon Countryside Manor, Inc.

#0035998

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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			153,785	153,785		153,785	6,521	160,306			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			566	566		566	(541)	25			32
33	Real Estate Taxes			144,899	144,899		144,899		144,899			33
34	Rent-Facility & Grounds							8,386	8,386			34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			299,250	299,250		299,250	14,366	313,616			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		240,891	811,210	1,052,101		1,052,101	(600)	1,051,501			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			186,288	186,288		186,288		186,288			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		240,891	997,498	1,238,389		1,238,389	(600)	1,237,789			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,320,580	589,823	2,246,653	5,157,056		5,157,056	3,166	5,160,222			45

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

Mt. Vernon Countryside Manor, Inc.
Reclassifications
12/31/2017

Activities	Line 11	1,758
Social Services	Line 12	(1,758)
Reclass cost of activities consultant to correct line		
Administrative	Line 17	(4,344)
Professional Services	Line 19	4,344
Reclass accounting fees to correct line		
Inservice Training & Education	Line 23	(511)
Travel & Seminar	Line 24	511
Reclass seminar expenses to correct line		
Other Admin Staff Transportation	Line 25	(725)
Travel & Seminar	Line 24	725
Reclass seminar travel expenses to correct line		

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(8,349)	5		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	467	30		9
10	Interest and Other Investment Income	(541)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(3,280)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment	(9,983)	17		19
20	Contributions	(455)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(10,610)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(8,042)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(12,623)	20		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(3,170)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (56,586)		\$	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)	59,752	Var.	34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 59,752		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ 3,166		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

Mt. Vernon Countryside Manor, Inc.

ID# 0035998

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

Sch. V Line

NON-ALLOWABLE EXPENSES

Amount

Reference

1	Offset class action lawsuit settlement	\$ (600)	39	1
2	Offset medical records copies	(59)	10	2
3	Eliminate chamber of commerce dues	(220)	20	3
4	Eliminate lobbying portion of IHCA dues	(1,715)	20	4
5	Eliminate non-allowable travel expense	(576)	25	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	(3,170)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Mt. Vernon Countryside Manor, Inc.# 0035998

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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	(3,280)	0	0	0	0	0	0	0	0	0	0	(3,280)	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	(8,349)	1,105	0	0	0	0	0	0	0	0	0	(7,244)	5
6	Maintenance	0	1,130	0	0	0	0	0	0	0	0	0	1,130	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(11,629)	2,235	0	(9,394)	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	(59)	0	0	0	0	0	0	0	0	0	0	(59)	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	(59)	0	0	0	0	0	0	0	0	0	0	(59)	16
	C. General Administration													
17	Administrative	(9,983)	(94,702)	0	0	0	0	0	0	0	0	0	(104,685)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(10,610)	3,762	0	0	0	0	0	0	0	0	0	(6,848)	19
20	Fees, Subscriptions & Promotions	(23,055)	570	0	0	0	0	0	0	0	0	0	(22,485)	20
21	Clerical & General Office Expenses	0	104,228	0	0	0	0	0	0	0	0	0	104,228	21
22	Employee Benefits & Payroll Taxes	0	25,947	0	0	0	0	0	0	0	0	0	25,947	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	251	0	0	0	0	0	0	0	0	0	251	24
25	Other Admin. Staff Transportation	(576)	1,356	0	0	0	0	0	0	0	0	0	780	25
26	Insurance-Prop.Liab.Malpractice	0	1,665	0	0	0	0	0	0	0	0	0	1,665	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(44,224)	43,077	0	(1,147)	28								
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(55,912)	45,312	0	(10,600)	29								

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Mt. Vernon Countryside Manor, Inc.# 0035998

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS (to Sch V, col.7)	
30	Depreciation	467	6,054	0	0	0	0	0	0	0	0	0	6,521	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(541)	0	0	0	0	0	0	0	0	0	0	(541)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	8,386	0	0	0	0	0	0	0	0	0	8,386	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	(74)	14,440	0	14,366	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	(600)	0	0	0	0	0	0	0	0	0	0	(600)	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):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	(600)	0	0	0	0	0	0	0	0	0	0	(600)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(56,586)	59,752	0	3,166	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
Denise King 2012 Exempt Trust	20	Aviston Countryside Manor, Inc.	Aviston, IL	King Management Co.	O'Fallon, IL	Home Office
Leslie Pedtke 2012 Exempt Trust	20	Taylorville Care Center, Inc.	Taylorville, IL	Residential Living Ctr	Mt Vernon, IL	Asstd Liv/MemCare
Keith King 2012 Exempt Trust	20			Taylorville Estates	Taylorville, IL	Assisted Living
Elizabeth Todorov 2012 Exempt Trust	20			Trenton Village	Trenton, IL	Asstd Liv/MemCare
Michelle Hirschfeld 2012 Exempt Trust	20					

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	5 See Schedule VIII	\$	King Management Company	0.00%	\$ 1,105	\$	1,105	1
2	V	6 See Schedule VIII		King Management Company	0.00%	1,130		1,130	2
3	V	17 See Schedule VIII	290,000	King Management Company	0.00%	195,298		(94,702)	3
4	V	19 See Schedule VIII		King Management Company	0.00%	3,762		3,762	4
5	V	20 See Schedule VIII		King Management Company	0.00%	570		570	5
6	V	21 See Schedule VIII		King Management Company	0.00%	104,228		104,228	6
7	V	22 See Schedule VIII		King Management Company	0.00%	25,947		25,947	7
8	V	24 See Schedule VIII		King Management Company	0.00%	251		251	8
9	V	25 See Schedule VIII		King Management Company	0.00%	1,356		1,356	9
10	V	26 See Schedule VIII		King Management Company	0.00%	1,665		1,665	10
11	V	30 See Schedule VIII		King Management Company	0.00%	6,054		6,054	11
12	V	34 See Schedule VIII		King Management Company	0.00%	8,386		8,386	12
13	V								13
14	Total		\$ 290,000			\$ 349,752	\$ *	59,752	14

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

Facility Name & ID Number Mt. Vernon Countryside Manor, Inc. # 0035998 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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	Denise King	President	Administrative	20.00	162,251	15	37.00	Salary	\$ 115,987	17,8	1
2	Leslie Pedtke	Corp Educator	Administrative	20.00	110,787	15	37.00	Salary	79,198	17,8	2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 195,185		13

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

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

Facility Name & ID Number Mt. Vernon Countryside Manor, Inc.

0035998

Report Period Beginning:

01/01/2017

Ending: 2/31/2017

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization

King Management Company

Street Address

1670 Essex Way SteB

City / State / Zip Code

O'Fallon, IL 62269

Phone Number

(618-327-3064

Fax Number

(618-327-3083

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.

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Accumulated Costs	13,278,553	6	\$ 3,014	\$ 4,867,056	\$ 1,105	1
2	6	Maintenance	Accumulated Costs	13,278,553	6	3,084	4,867,056	1,130	2
3	17	Administrative	Accumulated Costs	13,278,553	6	532,822	532,512	4,867,056	195,298
4	19	Professional Services	Accumulated Costs	13,278,553	6	10,264	4,867,056	3,762	4
5	20	Dues, Fees & Subscriptions	Accumulated Costs	13,278,553	6	1,554	4,867,056	570	5
6	21	Clerical & Office Expense	Accumulated Costs	13,278,553	6	284,361	244,398	4,867,056	104,228
7	22	Emp Benefits & Payroll Taxes	Accumulated Costs	13,278,553	6	70,791	4,867,056	25,947	7
8	24	Travel & Seminar	Accumulated Costs	13,278,553	6	685	4,867,056	251	8
9	25	Other Administrative Transp.	Accumulated Costs	13,278,553	6	3,700	4,867,056	1,356	9
10	26	Insurance	Accumulated Costs	13,278,553	6	4,543	4,867,056	1,665	10
11	30	Depreciation	Accumulated Costs	13,278,553	6	16,517	4,867,056	6,054	11
12	34	Rent-Facility & Grounds	Accumulated Costs	13,278,553	6	22,880	4,867,056	8,386	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					\$ 954,215	\$ 776,910	\$ 349,752	25

Facility Name & ID Number

Mt. Vernon Countryside Manor, Inc.

0035998

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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							\$	\$			\$	1						
2												2						
3												3						
4												4						
5												5						
Working Capital																		
6	The Bank of Edwardsville		x	line of credit	Interest only	08/01/17	600,000	200,000	03/05/18	Variable	566	6						
7									Offset interest income		(541)	7						
8												8						
9	TOTAL Facility Related						\$ 600,000	\$ 200,000			\$ 25	9						
B. Non-Facility Related*																		
10												10						
11												11						
12												12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			\$	14						
15	TOTALS (line 9+line14)						\$ 600,000	\$ 200,000			\$ 25	15						

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

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

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

Facility Name & ID Number Mt. Vernon Countryside Manor, Inc.

0035998

Report Period Beginning:

01/01/2017 Ending:

12/31/2017

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 38,000 B. General Construction Type: Exterior Brick Frame Number of Stories 1

C. Does the Operating Entity? [x] (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? [x] (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).

Residential Living Center is a 48 unit, 36,000 square foot retirement center located on the property adjacent to Mt Vernon Countryside Manor.

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

Table with 5 columns: Use, Square Feet, Year Acquired, Cost, and a final column with values 1, 2, 3. Row 1: Facility, 1988, \$61,425. Row 2: (blank), (blank), (blank). Row 3: TOTALS, \$61,425.

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	91		1990	1990	\$ 2,725,128	\$ 90,838	30	\$ 90,838	\$	\$ 2,513,058	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Landscaping		1990		26,544		20			26,544	9
10	Parking Lot		1990		26,563		20			26,563	10
11	Door & Screen		1992		1,700		10			1,700	11
12	Vanity & Medicine Cabinet		1992		1,136		10			1,136	12
13	Garage		1993		7,238		15			7,238	13
14	Water Heater-disposed in 2017		1995				15				14
15	Smoke Detectors		1996		812		10			812	15
16	Air Conditioners		1996		1,342		5			1,342	16
17	Multiflow Furnace/Condensing Unit		1996		1,541		5			1,541	17
18	Storage Building Roof		1996		5,100		10			5,100	18
19	Asphalt East Parking Lot		1996		2,373		10			2,373	19
20	Air Conditioners		1996		1,549		5			1,549	20
21	Entry Control System		1996		1,133		10			1,133	21
22	Vinyl Floor Covering		1996		4,465		10			4,465	22
23	Fire Alarm System		1997		13,564		15			13,564	23
24	Furnace & Tempering Valve		1997		2,112		15			2,112	24
25	Air Conditioners (2)		1997		1,502		10			1,502	25
26	Water Heater-disposed in 2017		1998				15				26
27	Air Freshener System		1998		1,314		10			1,314	27
28	Air Freshener System		1998		1,300		10			1,300	28
29	Gazebo		1998		2,974		15			2,974	29
30	Water Heater-disposed in 2017		1999				15				30
31	Water Heater-disposed in 2017		1999				15				31
32	Carpet-disposed in 2017		2000				10				32
33	Flooring		2000		18,661		10			18,661	33
34	Concrete Pad for Gazebo		2000		4,303		15			4,303	34
35	Landscaping		2001		7,305		10			7,305	35
36	Electrical Repairs		2001		6,691		10			6,691	36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Mt. Vernon Countryside Manor, Inc.

0035998

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

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	Water Heater-disposed in 2017	2001	\$	\$	15	\$	\$	\$	37
38	Cabinets	2001	28,181	1,409	20	1,409		23,719	38
39	Office Remodel	2002	5,319	207	15	207		5,319	39
40	Wall Brackets	2002	4,577		10			4,577	40
41	Shower Room Tile	2002	3,108		10			3,108	41
42	Air Conditioners (8)	2002	6,164		5			6,164	42
43	Air Conditioners (7)	2003	5,220		5			5,220	43
44	Telephone System	2003	9,538		10			9,538	44
45	Air Conditioners (5)	2003	4,684		5			4,684	45
46	Water Softener System	2003	6,199		12			6,199	46
47	HVAC Units (9)	2004	6,493		5			6,493	47
48	HVAC Units (3)	2004	2,164		5			2,164	48
49	HVAC Units (10)	2004	7,214		5			7,214	49
50	Wallcovering	2004	10,456		5			10,456	50
51	Doors & Kickplates	2004	5,262	351	15	351		4,824	51
52	Concrete Driveway	2004	4,257	284	15	284		3,784	52
53	Landscaping	2005	20,005		10			20,005	53
54	Lighting - 300 Hall Exit	2005	3,269		10			3,269	54
55	HVAC Units (3)	2005	2,417		5			2,417	55
56	Sprinkler Pipe Replacement	2006	36,670	1,467	25	1,467		16,868	56
57	Parking Lot Slab	2006	22,000	1,467	15	1,467		16,622	57
58	Window Treatments	2006	16,296		10			16,296	58
59	Painting & Wallpaper	2006	18,949		5			18,949	59
60	Flooring	2006	62,193		10			62,193	60
61	Heating & Cooling Units (7)	2006	3,731		10			3,731	61
62	Water Heater-disposed in 2017	2006			10				62
63	Water Heater-disposed in 2017	2006			10				63
64	Wallguards-disposed in 2017	2006			5				64
65	Light Fixtures	2006	1,278		10			1,278	65
66	Wallguards-disposed in 2017	2007		18	10	18			66
67	Nurse Station Flooring	2007	10,127	169	10	169		10,127	67
68	Custom Nurse Station	2007	17,030	1,419	12	1,419		15,374	68
69	Custom Cabinetry and Tops	2007	11,369	947	12	947		10,264	69
70	TOTAL (lines 4 thru 69)		\$ 3,200,520	\$ 98,576		\$ 98,576	\$	\$ 2,955,136	70

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

Facility Name & ID Number Mt. Vernon Countryside Manor, Inc.

0035998

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

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		\$ 3,200,520	\$ 98,576		\$ 98,576	\$	\$ 2,955,136	1
2	New Roof	2007	90,380	2,260	10	2,260		90,380	2
3	Blinds	2007	2,019		5			2,019	3
4	Gutters	2007	6,500	217	10	217		6,500	4
5	Commercial Heater	2007	5,845	97	10	97		5,845	5
6	Iron Fence	2008	21,585	863	25	863		8,418	6
7	Lighted Fountain	2008	3,331	222	15	222		2,146	7
8	Doors	2010	1,506	100	15	100		728	8
9	Sprinkler System Heads (53)	2010	8,441	338	25	338		2,504	9
10	Satellite Dishes	2010	13,900	1,390	10	1,390		10,078	10
11	Interior Doors (161)	2010	94,717	6,314	15	6,314		44,727	11
12	Water Heaters (2) -disposed in 2017	2011		946	10	946			12
13	Air Conditioning System - 3-ton	2011	6,800		5			6,800	13
14	Water Softeners (2)	2011	4,345	434	10	434		2,752	14
15	Bridge Upgrade - Concrete	2011	10,718	714	15	714		4,585	15
16	Water Heaters (2)	2012	15,222	1,522	10	1,522		8,245	16
17	Air Conditioner - 5-ton	2012	4,850	485	10	485		2,667	17
18	Walk-In Cooler Condensing Unit	2012	2,638	176	15	176		953	18
19	PTAC Heating & Cooling Units (10)	2012	7,333	489	15	489		2,608	19
20	HVAC System w/2-ton Condensing Unit	2013	5,500	367	15	367		1,650	20
21	Water Heater	2013	7,236	724	10	724		2,894	21
22	Water Filtration Equipment	2014	4,358	436	10	436		1,380	22
23	4 Ton A/C Unit & Furnace	2015	3,407	227	15	227		568	23
24	Water Filtration System	2015	4,398	440	10	440		1,210	24
25	Service Entrance Door	2015	2,894	145	20	145		314	25
26	Natural Gas Water Heaters (3)	2015	19,626	1,963	10	1,963		5,443	26
27	Sprinkler System Replacement	2015	4,093	164	25	164		355	27
28	2-5 ton AC Units & Furnaces	2016	7,210	721	10	721		1,202	28
29	Wood Flooring	2016	5,624	562	10	562		609	29
30	Concrete Sidewalks	2016	5,000	333	15	333		472	30
31	Landscaping	2016	8,006	801	10	801		1,201	31
32	Tile/Carpet for Family & Act Rooms	2017	5,179	475	10	475		475	32
33	Carpet-Halls, Admin & Business Ofcs	2017	5,193	804	5	804		804	33
34	TOTAL (lines 1 thru 33)		\$ 3,588,374	\$ 123,305		\$ 123,305	\$	\$ 3,175,668	34

**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	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 3,588,374	\$ 123,305		\$ 123,305	\$	\$ 3,175,668	1
2	2-5 ton AC Units	2017	5,832	172	10	172		172	2
3	Wallpaper-Entry & Dining Rm	2017	7,721	257	5	257		257	3
4	New Door-Activity Rm	2017	1,389	11	20	11		11	4
5	Electrical Work for Dining Rm Lighting	2017	3,200	27	20	27		27	5
6	Wallguards-Dining Rm	2017	2,202	18	10	18		18	6
7	Wallpaper-Salon, Conf Rm, Sitting Rm	2017	5,183	86	5	86		86	7
8	Painting-Dining Rm, Sitting Rm, Fover	2017	9,127	152	5	152		152	8
9	2 PTAC Units	2017	1,752		5				9
10	Painting-Salon, BR's, Hall, Activity Rm	2017	5,460		5				10
11	Countertops	2017	1,560		15				11
12	New Landscaping-Labor & materials	2017	12,506	834	10	834		834	12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,644,306	\$ 124,862		\$ 124,862	\$	\$ 3,177,225	34

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

Facility Name & ID Number Mt. Vernon Countryside Manor, Inc.

0035998

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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	\$ 196,201	\$ 15,411	\$ 19,272	\$ 3,861	3-15 Yrs	\$ 102,465	71
72	Current Year Purchases	184,642	6,152	6,619	467	3-15 Yrs	6,620	72
73	Fully Depreciated Assets	452,236	7,360	7,390	30		452,236	73
74								74
75	TOTALS	\$ 833,079	\$ 28,923	\$ 33,281	\$ 4,358		\$ 561,321	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	Facility	2000 Chevy LS Van w/Lift	2001	\$ 22,659	\$	\$	\$	4	\$ 22,659	76
77	Facility	2003 Ford Supreme Shuttle Bus	2003	40,750				4	40,750	77
78	Facility	Utility Trailer	2004	1,867				4	1,867	78
79	Facility	2017 Porsche Cayenne	2017	25,959		2,163	2,163	4	2,163	79
80	TOTALS			\$ 91,235	\$	\$ 2,163	\$ 2,163		\$ 67,439	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)	\$ 4,630,045	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 153,785	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 160,306	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 6,521	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,805,985	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	Section N/A	\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	Remodeling in Progress	\$ 134,180	92
93			93
94			94
95		\$ 134,180	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.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Section 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 _____.

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

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

15. Is Movable equipment rental included in building rental?

YES N/A NO

16. Rental Amount for movable equipment: \$ _____ 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	<u>Section N/A</u>		\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

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

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

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

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <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			Total
		1	2	3	
		Drop-outs	Completed	Contract	
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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

	Service	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
					Units	Cost					
1	Licensed Occupational Therapist		hrs	\$		\$			\$	1	
2	Licensed Speech and Language Development Therapist		hrs							2	
3	Licensed Recreational Therapist		hrs							3	
4	Licensed Physical Therapist		hrs							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				236,688		236,688	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10	
11	Academic Education		hrs							11	
12	Other (specify): <u>Therapy</u>	39,3				732,705			732,705	12	
13	Other (specify): <u>Labs,Xrays,Supplies</u>	39,3 & 39,2				77,905	4,203		82,108	13	
14	TOTAL			\$		\$ 810,610	\$ 240,891		\$ 1,051,501	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.

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(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	\$ 539,410	\$	1
2	Cash-Patient Deposits	5,155		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>300,000</u>)	1,274,783		3
4	Supply Inventory (priced at <u>cost</u>)	8,644		4
5	Short-Term Investments			5
6	Prepaid Insurance	20,363		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Deposits</u>	950		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,849,305	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	86,937		13
14	Buildings, at Historical Cost	3,611,655		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	855,059		16
17	Accumulated Depreciation (book methods)	(3,771,068)		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>Construction in Progress</u>	134,180		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 916,763	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,766,068	\$	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 326,637	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	5,155		28
29	Short-Term Notes Payable	200,000		29
30	Accrued Salaries Payable	180,042		30
31	Accrued Taxes Payable (excluding real estate taxes)	14,257		31
32	Accrued Real Estate Taxes(Sch.IX-B)	147,000		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accrued Provider Taxes</u>	22,125		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 895,216	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Due to Prior Shareholder</u>	725,314		43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 725,314	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 1,620,530	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 1,145,538	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,766,068	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,468,910	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,468,910	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	1,277,993	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	(1,601,365)	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)	\$ (323,372)	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)	\$ 1,145,538	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Mt. Vernon Countryside Manor, Inc.

0035998

Report Period Beginning: 01/01/2017

Ending:

12/31/2017

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	\$ 5,965,703	1
2	Discounts and Allowances for all Levels	(2,552,077)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 3,413,626	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,954,172	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,954,172	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	30,034	19
20	Radiology and X-Ray	32,411	20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 62,445	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	541	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 541	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)	600	27
28	<u>Miscellaneous Income</u>	1,420	28
28a	<u>Misc Rental Revenue/Loss on Disposal of Assets</u>	2,245	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 4,265	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 6,435,049	30

2

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	807,525	31
32	Health Care	1,882,727	32
33	General Administration	929,165	33
B. Capital Expense			
34	Ownership	299,250	34
C. Ancillary Expense			
35	Special Cost Centers	1,052,101	35
36	Provider Participation Fee	186,288	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 5,157,056	40
41	Income before Income Taxes (line 30 minus line 40)**	1,277,993	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,277,993	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,795,760	44
45	Private Pay - Net Inpatient Revenue	1,029,848	45
46	Medicare - Net Inpatient Revenue	588,018	46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 3,413,626	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? No 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.

MT. VERNON COUNTRYSIDE MANOR, INC.
Book to Tax Income Reconciliation
ATTACHMENT TO SCHEDULE XVII
12/31/2017

BOOK TO TAX RECONCILIATION:

BOOK NET INCOME	\$ 1,277,993
DEPRECIATION ADJUSTMENT	(110,022)
CONVERSION TO CASH BASIS ADJUSTMENTS	376,833
OTHER MISC BOOK TO TAX ADJUSTMENTS	(2,898)
TAX NET INCOME	<u>\$ 1,541,906</u>

MT VERNON COUNTRYSIDE MANOR, INC.
Detail of Other Revenue
ATTACHMENT TO SCHEDULE XVII
12/31/2017

Class action lawsuit settlement	600	offset to ln 39
Misc Rental Revenue	5,700	
Loss on Sale of Asset	(3,455)	
Vending Machine commission	1,219	
Medical records copies	59	offset to ln 10
Other miscellaneous income	<u>142</u>	
	4,265	

Facility Name & ID Number Mt. Vernon Countryside Manor, Inc.

0035998

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

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	1,856	2,104	\$ 65,975	\$ 31.36	1
2	Assistant Director of Nursing	1,929	2,154	50,124	23.27	2
3	Registered Nurses	9,847	10,095	235,761	23.35	3
4	Licensed Practical Nurses	18,119	18,704	352,363	18.84	4
5	CNAs & Orderlies	66,446	67,427	783,898	11.63	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	5,050	5,205	65,759	12.63	8
9	Activity Director	1,936	1,978	20,126	10.17	9
10	Activity Assistants	1,227	1,379	14,639	10.62	10
11	Social Service Workers	3,984	4,271	54,132	12.67	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	16,546	17,311	187,051	10.81	15
16	Dishwashers					16
17	Maintenance Workers	4,243	4,552	87,436	19.21	17
18	Housekeepers	8,848	9,246	86,162	9.32	18
19	Laundry	8,307	8,782	79,544	9.06	19
20	Administrator	1,886	2,168	82,435	38.02	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	1,985	2,119	30,735	14.50	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	1,743	1,814	20,159	11.11	31
32	Other Health C: <u>MDS/CarePlan</u>	4,249	4,402	104,281	23.69	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	158,201	163,711	\$ 2,320,580 *	\$ 14.17	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	131	\$ 7,450	1,3	35
36	Medical Director	contract	6,000	9,3	36
37	Medical Records Consultant	16	1,040	10,3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	contract	2,823	10,3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	23	1,758	11,3	44
45	Social Service Consultant	23	1,758	12,3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	193	\$ 20,829		49

C. CONTRACT NURSES

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

MT VERNON COUNTRYSIDE MANOR, INC.
 Legal Fees
 ATTACHMENT TO SCHEDULE XIX-C
 12/31/2017

<u>Invoice Date</u>	<u>Law Firm Name</u>	<u>Allowable/Non-allowable</u>	<u>Amount</u>	<u>Description</u>
1/31/2017	Mathis, Marifian & Richter, Ltd	Non-allowable	860.00	Patient account collections
2/28/2017	Mathis, Marifian & Richter, Ltd	Non-allowable	1,781.00	Patient account collections
3/31/2017	Mathis, Marifian & Richter, Ltd	Non-allowable	1,698.00	Patient account collections
4/30/2017	Mathis, Marifian & Richter, Ltd	Non-allowable	240.00	Patient account collections
5/31/2017	Mathis, Marifian & Richter, Ltd	allowable	120.00	patient records request
5/31/2017	Mathis, Marifian & Richter, Ltd	Non-allowable	140.00	Patient account collections
6/30/2017	Mathis, Marifian & Richter, Ltd	Non-allowable	600.00	Patient account collections
7/31/2017	Mathis, Marifian & Richter, Ltd	Non-allowable	1,056.00	Patient account collections
8/31/2017	Mathis, Marifian & Richter, Ltd	Non-allowable	1,660.00	Patient account collections
9/30/2017	Mathis, Marifian & Richter, Ltd	Non-allowable	710.00	Patient account collections
10/31/2017	Mathis, Marifian & Richter, Ltd	Non-allowable	1,345.00	Patient account collections
11/30/2017	Mathis, Marifian & Richter, Ltd	Non-allowable	120.00	Patient account collections
12/31/2017	Mathis, Marifian & Richter, Ltd	Non-allowable	400.00	Patient account collections
			<u>10,730.00</u>	
		Non-allowable	10,610.00	
		allowable	<u>120.00</u>	
			<u>10,730.00</u>	

Facility Name & ID Number Mt. Vernon Countryside Manor, Inc.

0035998

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IHCA \$3,991
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 5-10 Yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ None Line
- (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. \$ 186,288
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? None
- (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. \$ None Has any meal income been offset against related costs? None Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? N/A
d. Have vehicle usage logs been maintained? 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? No
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) 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