

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2017  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2017)**

IMPORTANT NOTICE  
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN SECTION 146.265 OF THE 89 IL ADMIN CODE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS.

<p><b>I. Facility ID Number:</b> <u>1000035</u></p> <p><b>Facility Name:</b> <u>The Manor at Mason Woods</u></p> <hr/> <p><b>Address:</b> <u>223 Illinois Street</u> <u>Pinckeyville</u> <u>62274</u></p> <p align="center">Number City Zip Code</p> <p><b>County:</b> <u>Perry</u></p> <p><b>Telephone Number:</b> ( <u>618</u> ) <u>357-9770</u> Fax # ( <u>618</u> ) <u>357-9774</u></p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>05/17/04</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input checked="" type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td><b>IRS Exemption Code</b> _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Deborah J Edwards</u> <b>Telephone Number:</b> ( <u>618</u> ) <u>233-1001</u>  <b>Email Address:</b> _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input checked="" type="checkbox"/> Partnership	<input type="checkbox"/> County	<b>IRS Exemption Code</b> _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.	_____		<input type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/17</u> to <u>12/31/17</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%; vertical-align: top;">Officer or Administrator of Provider</td> <td>(Signed) _____ (Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) <u>J. Michael Greer</u></td> </tr> <tr> <td></td> <td>(Title) <u>Partner</u></td> </tr> <tr> <td style="vertical-align: top;">Paid Preparer</td> <td>(Signed) _____ (Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) <u>Deborah J Edwards</u> <u>CPA</u></td> </tr> <tr> <td></td> <td>(Firm Name &amp; Address) <u>Creason-Edwards &amp; Cimarolli PC</u> <u>4000 N Belt West, Belleville, IL 62226</u></td> </tr> <tr> <td></td> <td>(Telephone) ( <u>618</u> ) <u>233-1001</u> Fax <u>618-233-6009</u></td> </tr> </table> <p align="right">MAIL TO: BUREAU OF HEALTH FINANCE IL DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	Officer or Administrator of Provider	(Signed) _____ (Date) _____		(Type or Print Name) <u>J. Michael Greer</u>		(Title) <u>Partner</u>	Paid Preparer	(Signed) _____ (Date) _____		(Print Name and Title) <u>Deborah J Edwards</u> <u>CPA</u>		(Firm Name & Address) <u>Creason-Edwards &amp; Cimarolli PC</u> <u>4000 N Belt West, Belleville, IL 62226</u>		(Telephone) ( <u>618</u> ) <u>233-1001</u> Fax <u>618-233-6009</u>
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Facility Name The Manor at Mason Woods

Report Period Beginning: 1/1/2017

Ending: 12/31/2017

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units       /      /      

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	30	Single Unit Apartment	30	10,950	1
2	10	Double Unit Apartment	10	3,650	2
3		Other			3
4	40	TOTALS	40	14,600	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	5,194	4,276		9,470	5
6	Double Unit	766	2,989		3,755	6
7	Other					7
8	TOTALS	5,960	7,265		13,225	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 90.58%

D. Indicate the number of paid bed-hold days the SLF had during this year 158 Also, indicate the number of unpaid bed-hold days the SLF had during this year.            (Do not include bed-hold days in Section B.)

E. Does page 3 include expenses for services or investments not directly related to SLF services?

YES  NO

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES  NO

G. List all services provided by your facility for non-residents. (E.g., day care, "meals on wheels", outpatient therapy)

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H. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 2017 Fiscal Year:           

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

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? YES If yes, did the facility make all of the required payments of interest and principle? YES  
If no, explain.           

K. Does the facility have any loans from the Federal Home Loan Bank outstanding? NO If yes, did the facility make all of the required payments of interest and principle?             
If no, explain.           

L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding? NO If yes, did the facility make all of the required payments of interest and principle?             
If no, explain.

Facility Name: The Manor at Mason Woods

Report Period Beginning:

1/1/2017

Ending: 12/31/2017

## IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
<b>A. General Services</b>								
1	Dietary and Food Purchase	96,201	94,074		190,275	(167)	190,108	1
2	Housekeeping, Laundry and Maintenance	51,315	16,870	15,462	83,647		83,647	2
3	Heat and Other Utilities			45,900	45,900	(2,319)	43,581	3
4	Other (specify): Waste Removal			2,982	2,982		2,982	4
5	<b>TOTAL General Services</b>	<b>147,516</b>	<b>110,945</b>	<b>64,344</b>	<b>322,805</b>	<b>(2,486)</b>	<b>320,319</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	255,492	3,516	4,283	263,291		263,291	6
7	Activities and Social Services	11,545	9,160	725	21,430	(725)	20,705	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>267,037</b>	<b>12,676</b>	<b>5,008</b>	<b>284,721</b>	<b>(725)</b>	<b>283,996</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	78,947	6,653	114,960	200,560		200,560	10
11	Marketing Materials, Promotions and Advertising		22,958	11,600	34,558		34,558	11
12	Employee Benefits and Payroll Taxes			60,356	60,356		60,356	12
13	Insurance-Property, Liability and Malpractice			19,656	19,656		19,656	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	<b>78,947</b>	<b>29,611</b>	<b>206,572</b>	<b>315,130</b>		<b>315,130</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>493,500</b>	<b>153,231</b>	<b>275,925</b>	<b>922,656</b>	<b>(3,211)</b>	<b>919,445</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			106,784	106,784		106,784	17
18	Interest			43,493	43,493		43,493	18
19	Real Estate Taxes			32,057	32,057		32,057	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			58	58		58	21
22	Other (specify):			14,252	14,252	(13,748)	504	22
23	<b>TOTAL Ownership</b>			<b>196,645</b>	<b>196,645</b>	<b>(13,748)</b>	<b>182,897</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>493,500</b>	<b>153,231</b>	<b>472,569</b>	<b>1,119,300</b>	<b>(16,959)</b>	<b>1,102,341</b>	<b>24</b>

Facility Name: The Manor at Mason Woods

Report Period Beginning: 1/1/2017 Ending: 12/31/2017

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 25.00	1
2	Licensed Practical Nurses	3	18.17	2
3	Certified Nurse Assistants	7	10.21	3
4	Activity Director & Assistants	1	12.25	4
5	Social Service Workers			5
6	Head Cook	1	12.28	6
7	Cook Helpers/Assistants	2	10.34	7
8	Dishwashers	1	9.06	8
9	Maintenance Workers	1	10.49	9
10	Housekeepers	1	9.18	10
11	Laundry	1	9.23	11
12	Managers	1	24.27	12
13	Other Administrative			13
14	Clerical	1	13.28	14
15	Marketing			15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>21</b>	<b>\$</b>	<b>17</b>

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1				\$	1
2					2
3					3
4					4
5					5
				<b>Total</b>	<b>6</b>

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	1
2		2
<b>Total</b>		<b>3</b>

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES

Name	1	City	2
The Prairies		Carbondale	
Clinton Manor Nursing Home		New Baden	
See Attachment 2 Schedule			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
Greer Management Services		Carlyle		Management Co	

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3? YES  NO

Name of related entity: \_\_\_\_\_ If yes, what is the value of those services? \$ \_\_\_\_\_  
 (Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES  NO

If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).

Facility Name: The Manor at Mason Woods

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

VIII. OWNERSHIP COSTS

A. Purchase price of land 35,822 Year land was acquired 2003

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar. \*Total units on this schedule must agree with page 2.

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	30		2004	2004	\$ 1,879,570	\$ 68,348	28	\$ 68,348	\$	\$ 928,394	1
2	10		2006	2006	520,000	13,333	28	13,333		159,444	2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Door Opener		2004		3,128	114	28	114		1,488	6
7	Hand Rails		2005		2,382	87	28	87		1,098	7
8	Automatic Door Opener		2005		3,362	122	28	122		1,507	8
9	Vinyl Flooring		2008		6,823		5			6,823	9
10	Flooring - Dining Room		2013		11,620	2,324	5	2,324		11,620	10
11	Flooring - 400 Wing		2013		6,598	1,320	5	1,320		5,718	11
12	Roof Repair		2014		83,825	3,048	28	3,048		9,906	12
13	Carpet-Hallway		2016		24,126	4,825	5	4,825		8,042	13
14	Storage Room		2017		6,299	57	28	57		57	14
15	Bathroom remodel		2017		3,260	10	28	10		10	15
16	Landscapping		2017		8,803	342	15	342		342	16
17	TOTAL (lines 1 thru 16)				\$ 2,559,796	\$ 93,930		\$ 93,930	\$	\$ 1,134,449	17

C. Equipment Depreciation -- Including Transportation.

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6 Accumulated Depreciation	
18	Movable Equipment	\$ 175,810	\$ 12,874	\$ 12,874	\$	5	\$ 152,396	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)		\$ 175,810	\$ 12,874	\$		\$ 152,396	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1 Description and Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation	
21		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)		\$	\$	24

Facility Name: The Manor at Mason Woods

Report Period Beginning: 1/1/2017

Ending: ###

**IX. RENTAL COSTS**

**A. Building and Fixed Equipment**

1. Name of Party Holding Lease: Greer Management Services (Vehicle Lease)

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?  YES  NO

		1	2	3	4	5	6	
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*	
3	Original Building			/ /	\$			3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	<b>TOTAL</b>				\$			7

8. Is movable equipment rental included in building rental?  YES  NO

YES  NO

9. Rental amount for movable equipment \$ \_\_\_\_\_

10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

**X. INTEREST EXPENSE**

	1	2	3	4	6	7	8	9		
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense
		YES	NO			Original	Balance			
	<b>A. Directly Facility Related</b>									
	<b>Long-Term</b>									
1	Murphy Wall State Bank	X		Mortgage	6/30/03	\$ 490,000	\$ 206,913	6/30/23	6.9200	\$ 15,450
2	IL Hsg Development Auth		X	Mortgage	6/30/03	750,000	503,376	1/1/25	1.0000	5,142
3	See Attachment 3 Sch				/ /	630,000	449,674	/ /		22,901
	<b>Working Capital</b>									
4					/ /			/ /		4
5					/ /			/ /		5
6					/ /			/ /		6
7	<b>TOTAL Facility Related</b>					\$ 1,870,000	\$ 1,159,963			\$ 43,493
	<b>B. Non-Facility Related</b>									
8					/ /			/ /		8
9					/ /			/ /		9
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 1,870,000	\$ 1,159,963			\$ 43,493

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

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

Facility Name: The Manor at Mason Woods

Report Period Beginning: 1/1/2016

Ending:

12/31/2017

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/17

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 490,438	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 8,457 )	112,683		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	15,181		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	9,900		8
9	Other(specify): <b>Shortage due from state</b>	6,904		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 635,106	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	35,822		13
14	Buildings, at Historical Cost	2,559,796		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	175,811		16
17	Accumulated Depreciation (book methods)	(1,286,825)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	80,752		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(30,517)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 1,534,839	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 2,169,945	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 5,400	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	23,170		30
31	Accrued Taxes Payable	36,902		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	<b>Other Accrued Liabilities</b>	71,494		35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 136,966	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	1,159,963		39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 1,159,963	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 1,296,929	\$	45
46	<b>TOTAL EQUITY</b>	\$ 873,017	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 2,169,945	\$	47

\*(See instructions.)

Facility Name: The Manor at Mason Woods

Report Period Beginning: 1/1/2017

Ending:

12/31/2017

**XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)**

		<b>1</b>	
<b>I. Revenue</b>		<b>Amount</b>	
<b>A. SLF Resident Care</b>			
<b>1</b>	Gross SLF Resident Revenue	\$ 1,244,320	<b>1</b>
<b>2</b>	Discounts and Allowances		<b>2</b>
<b>3</b>	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 1,244,320</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
<b>4</b>	Special Services		<b>4</b>
<b>5</b>	Other Health Care Services		<b>5</b>
<b>6</b>	Special Grants		<b>6</b>
<b>7</b>	Gift and Coffee Shop		<b>7</b>
<b>8</b>	Barber and Beauty Care		<b>8</b>
<b>9</b>	Non-Resident Meals	167	<b>9</b>
<b>10</b>	Laundry		<b>10</b>
<b>11</b>	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 167</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
<b>12</b>	Contributions		<b>12</b>
<b>13</b>	Interest and Other Investment Income	238	<b>13</b>
<b>14</b>	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 238</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
<b>15</b>	Cable TV Income	2,319	<b>15</b>
<b>16</b>	Sundry Income	233	<b>16</b>
<b>17</b>	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 2,552</b>	<b>17</b>
<b>18</b>	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 1,247,277</b>	<b>18</b>

		<b>2</b>	
<b>II. Expenses</b>		<b>Amount</b>	
<b>A. Operating Expenses</b>			
<b>19</b>	General Services	322,805	<b>19</b>
<b>20</b>	Health Care/ Personal Care	284,721	<b>20</b>
<b>21</b>	General Administration	315,130	<b>21</b>
<b>B. Capital Expense</b>			
<b>22</b>	Ownership	196,645	<b>22</b>
<b>C. Other Expenses</b>			
<b>23</b>	Special Cost Centers		<b>23</b>
<b>24</b>	Non-Operating Expenses		<b>24</b>
<b>25</b>	Other (specify):		<b>25</b>
<b>26</b>			<b>26</b>
<b>27</b>			<b>27</b>
<b>28</b>	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 1,119,301</b>	<b>28</b>
<b>29</b>	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 127,976</b>	<b>29</b>
<b>30</b>	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
<b>31</b>	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ 127,976</b>	<b>31</b>
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
<b>32</b>	Medicaid - Net Inpatient Revenue	\$ 471,618	<b>32</b>
<b>33</b>	Private Pay - Net Inpatient Revenue	772,702	<b>33</b>
<b>34</b>	Medicare - Net Inpatient Revenue		<b>34</b>
<b>35</b>	Other-(specify)		<b>35</b>
<b>36</b>	Other-(specify)		<b>36</b>
<b>37</b>	<b>TOTAL (This total must agree to Line 3)</b>	<b>\$ 1,244,320</b>	<b>37</b>

**The Manor at Mason Woods  
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**Page 3, Schedule IV, Section D - Other Ownership Expenses**

<b>Line</b>	<b>Amount</b>	<b>Description</b>
	504.00	Loan Costs Amortization
	11,542.00	Bad Debt
	<u>2,206.00</u>	Replacement Tax
22	14,252.00	

**Page 3, Schedule IV - Adjustments**

<b>Line</b>	<b>Amount</b>	<b>Description</b>
1	(167.00)	Non-allowable meals not directly related to SLF resident care.
3	(2,319.00)	Non-allowable Cable TV expense.
7	(725.00)	Entertainment
22	<u>(13,748.00)</u>	Bad Debt & Replacement Tax
	(16,959.00)	

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VII: RELATED ORGANIZATIONS

A.	RELATED SLF's & HEALTH CARE BUSINESSES			
	<u>Name</u> <u>1</u>	<u>City</u> <u>2</u>		
	Jerseyville Estates	Jerseyville		
	Manor at Craig Farms	Chester		
	Manor at Salem Woods	Salem		

C.	Related Organization	Nature of Expenditure	Facility Book Value	Actual Cost
	Greer Management Services, Inc.	Mgmt Srv/Payroll Srv/Vehicle Lse	\$ 92,360	\$ 83,344

Facility Name: Manor at Mason Woods LP

Report Period Beginning 1/1/2017

Ending: 12/31/2017

X. INTEREST EXPENSE

	1 Name of Lender	2 Related**		3 Purpose of Loan	4 Date of Note	6 Amount of Note		7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
		YES	NO			Original	Balance				
		<b>A. Directly Facility Related</b>									
<b>Long-Term</b>											
1	Murphy-Wall State Bank	X		Mortgage	12/18/09	520,000	371,350	12/18/29	6.2500	22,901	1
2	PM Properties	X		Mortgage	7/1/12	55,000	39,162	6/30/18	6.0000	0	2
3	Michael Greer	X		Mortgage	7/1/12	55,000	39,162	6/30/18	6.0000	0	3
4	Page Total					630,000	449,674			22,901	

**The Manor at Mason Woods  
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**Page 6, Schedule IX - Item 10**

**Vehicle 1**

Model Grand Caravan  
Year 2011  
Make Dodge  
Vehicle Use Resident Transportation

**Vehicle 2**

Model Vue  
Year 2004  
Make Saturn  
Vehicle Use Resident Transportation

**Total Rental Expense      No Payments made**