



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

# 0035998 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

**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			5,964	5,964	8
9	SNF/PED					9
10	ICF	12,259	8,712	824	21,795	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	12,259	8,712	6,788	27,759	14

**C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.)** 83.57%

**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 5,407

Medicare Intermediary CGS

**IV. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/18 Fiscal Year: 12/31/18

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

Facility Name & ID Number Mt. Vernon Countryside Manor, Inc. # 0035998 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

**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
	<b>A. General Services</b>										
1	Dietary	183,988	13,870	8,430	206,288		206,288		206,288		1
2	Food Purchase		139,229		139,229		139,229	(2,041)	137,188		2
3	Housekeeping	95,356	11,079		106,435		106,435	6	106,441		3
4	Laundry	85,871	9,313		95,184		95,184		95,184		4
5	Heat and Other Utilities			92,323	92,323		92,323	(7,265)	85,058		5
6	Maintenance	83,986	47,053	50,644	181,683		181,683	(1,337)	180,346		6
7	Other (specify):* <b>Sanitation</b>			7,291	7,291		7,291	(772)	6,519		7
8	<b>TOTAL General Services</b>	449,201	220,544	158,688	828,433		828,433	(11,409)	817,024		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			8,200	8,200		8,200		8,200		9
10	Nursing and Medical Records	1,704,525	83,617	3,755	1,791,897		1,791,897	(461)	1,791,436		10
10a	Therapy										10a
11	Activities	34,969	3,881		38,850	1,399	40,249		40,249		11
12	Social Services	48,916		2,798	51,714	(1,399)	50,315		50,315		12
13	CNA Training										13
14	Program Transportation		7,175		7,175		7,175		7,175		14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	1,788,410	94,673	14,753	1,897,836		1,897,836	(461)	1,897,375		16
	<b>C. General Administration</b>										
17	Administrative	83,609	7,215	332,000	422,824	(3,274)	419,550	(129,540)	290,010		17
18	Directors Fees										18
19	Professional Services			18,298	18,298	3,274	21,572	(1,179)	20,393		19
20	Dues, Fees, Subscriptions & Promotions			46,519	46,519		46,519	(33,185)	13,334		20
21	Clerical & General Office Expenses	32,476	10,634	66,598	109,708		109,708	96,915	206,623		21
22	Employee Benefits & Payroll Taxes			301,511	301,511		301,511	18,785	320,296		22
23	Inservice Training & Education			1,650	1,650	(780)	870		870		23
24	Travel and Seminar					1,597	1,597	452	2,049		24
25	Other Admin. Staff Transportation			833	833	(817)	16	1,649	1,665		25
26	Insurance-Prop.Liab.Malpractice			42,886	42,886		42,886	1,102	43,988		26
27	Other (specify):*										27
28	<b>TOTAL General Administration</b>	116,085	17,849	810,295	944,229		944,229	(45,001)	899,228		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	2,353,696	333,066	983,736	3,670,498		3,670,498	(56,871)	3,613,627		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:

01/01/2018

Ending:

12/31/2018

## 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	
	<b>D. Ownership</b>											
30	Depreciation			176,829	176,829		176,829	9,726	186,555			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			15,948	15,948		15,948	(9,129)	6,819			32
33	Real Estate Taxes			152,067	152,067		152,067		152,067			33
34	Rent-Facility & Grounds							7,049	7,049			34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			344,844	344,844		344,844	7,646	352,490			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		192,633	768,876	961,509		961,509	(50)	961,459			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			183,976	183,976		183,976		183,976			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		192,633	952,852	1,145,485		1,145,485	(50)	1,145,435			44
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	2,353,696	525,699	2,281,432	5,160,827		5,160,827	(49,275)	5,111,552			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  
12/31/2018

Activities	Line 11	1,399
Social Services	Line 12	(1,399)
Reclass cost of activities consultant to correct line		
Administrative	Line 17	(3,274)
Professional Services	Line 19	3,274
Reclass accounting fees to correct line		
Inservice Training & Education	Line 23	(780)
Travel & Seminar	Line 24	780
Reclass seminar expenses to correct line		
Other Admin Staff Transportation	Line 25	(817)
Travel & Seminar	Line 24	817
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	(8,330)	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	701	30		9
10	Interest and Other Investment Income	(9,129)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,041)	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	(2,249)	6		17
18	Fines and Penalties				18
19	Entertainment	(3,903)	17		19
20	Contributions	(150)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(6,508)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(5,578)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(23,754)	20		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(5,311)	Var.		29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (66,252)		\$	30

BHF USE ONLY							
48		49		50		51	

**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)	16,977	Var.	34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ 16,977		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (49,275)		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	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

Mt. Vernon Countryside Manor, Inc.

ID# 0035998

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	offset class action lawsuit settlement	\$ (50)	39	1
2	offset class action lawsuit settlement	(772)	7	2
3	offset employee flu vaccine income	(305)	10	3
4	offset medical records copies reimbursement	(156)	10	4
5	eliminate lobbying portion of IHCA dues	(1,818)	20	5
6	eliminate chamber of commerce dues	(220)	20	6
7	eliminate 2019 IDPH license fee paid in 2018	(1,990)	20	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	<b>Total</b>	(5,311)		49

## STATE OF ILLINOIS

Summary A

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

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

## 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	(2,041)	0	0	0	0	0	0	0	0	0	0	(2,041)	2
3	Housekeeping	0	6	0	0	0	0	0	0	0	0	0	6	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(8,330)	1,065	0	0	0	0	0	0	0	0	0	(7,265)	5
6	Maintenance	(2,249)	912	0	0	0	0	0	0	0	0	0	(1,337)	6
7	Other (specify):*	(772)	0	0	0	0	0	0	0	0	0	0	(772)	7
8	<b>TOTAL General Services</b>	<b>(13,392)</b>	<b>1,983</b>	<b>0</b>	<b>(11,409)</b>	<b>8</b>								
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(461)	0	0	0	0	0	0	0	0	0	0	(461)	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	<b>TOTAL Health Care and Programs</b>	<b>(461)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(461)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	(3,903)	(125,637)	0	0	0	0	0	0	0	0	0	(129,540)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(6,508)	5,329	0	0	0	0	0	0	0	0	0	(1,179)	19
20	Fees, Subscriptions & Promotions	(33,510)	325	0	0	0	0	0	0	0	0	0	(33,185)	20
21	Clerical & General Office Expenses	0	96,915	0	0	0	0	0	0	0	0	0	96,915	21
22	Employee Benefits & Payroll Taxes	0	18,785	0	0	0	0	0	0	0	0	0	18,785	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	452	0	0	0	0	0	0	0	0	0	452	24
25	Other Admin. Staff Transportation	0	1,649	0	0	0	0	0	0	0	0	0	1,649	25
26	Insurance-Prop.Liab.Malpractice	0	1,102	0	0	0	0	0	0	0	0	0	1,102	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	<b>TOTAL General Administration</b>	<b>(43,921)</b>	<b>(1,080)</b>	<b>0</b>	<b>(45,001)</b>	<b>28</b>								
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(57,774)</b>	<b>903</b>	<b>0</b>	<b>(56,871)</b>	<b>29</b>								

## STATE OF ILLINOIS

Summary B

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

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

## 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	701	9,025	0	0	0	0	0	0	0	0	0	9,726	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(9,129)	0	0	0	0	0	0	0	0	0	0	(9,129)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	7,049	0	0	0	0	0	0	0	0	0	7,049	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	<b>TOTAL Ownership</b>	<b>(8,428)</b>	<b>16,074</b>	<b>0</b>	<b>7,646</b>	<b>37</b>								
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	(50)	0	0	0	0	0	0	0	0	0	0	(50)	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	<b>TOTAL Special Cost Centers</b>	<b>(50)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(50)</b>	<b>44</b>
45	<b>GRAND TOTAL COST</b> <b>(sum of lines 29, 37 &amp; 44)</b>	<b>(66,252)</b>	<b>16,977</b>	<b>0</b>	<b>(49,275)</b>	<b>45</b>								

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	3 See Schedule VIII	\$	King Management Company	0.00%	\$ 6	\$	6	1
2	V	5 See Schedule VIII		King Management Company	0.00%	1,065		1,065	2
3	V	6 See Schedule VIII		King Management Company	0.00%	912		912	3
4	V	17 See Schedule VIII	332,000	King Management Company	0.00%	206,363		(125,637)	4
5	V	19 See Schedule VIII		King Management Company	0.00%	5,329		5,329	5
6	V	20 See Schedule VIII		King Management Company	0.00%	325		325	6
7	V	21 See Schedule VIII		King Management Company	0.00%	96,915		96,915	7
8	V	22 See Schedule VIII		King Management Company	0.00%	18,785		18,785	8
9	V	24 See Schedule VIII		King Management Company	0.00%	452		452	9
10	V	25 See Schedule VIII		King Management Company	0.00%	1,649		1,649	10
11	V	26 See Schedule VIII		King Management Company	0.00%	1,102		1,102	11
12	V	30 See Schedule VIII		King Management Company	0.00%	9,025		9,025	12
13	V	34 See Schedule VIII		King Management Company	0.00%	7,049		7,049	13
14	Total		\$ 332,000			\$ 348,977	\$ *	16,977	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: 01/01/2018 Ending: 12/31/2018

## 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	161,275	12	31.00	Salary	\$ 105,750	17,8	1
2	Leslie Pedtke	Corp Educator	Administrative	20.00	151,849	12	31.00	Salary	99,569	17,8	2
3	Keith King		Administrative	20.00	823	1	31.00	Salary	540	17,8	3
4	Elizabeth King		Administrative	20.00	720	1	31.00	Salary	472	17,8	4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 206,331		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:

01/01/2018

Ending: 2/31/2018

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 King Management Company  
 Street Address 1670 Essex Way Ste B  
 City / State / Zip Code O'Fallon, IL 62269  
 Phone Number ( 618-327-3064  
 Fax Number ( 618-327-3083

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	3	Housekeeping	Accumulated Costs	15,673,161	6	\$ 18	\$ 4,828,827	\$ 6	1	
2	5	Heat & Other Utilities	Accumulated Costs	15,673,161	6	3,457	4,828,827	1,065	2	
3	6	Maintenance	Accumulated Costs	15,673,161	6	2,960	4,828,827	912	3	
4	17	Administrative	Accumulated Costs	15,673,161	6	669,802	669,702	4,828,827	206,363	4
5	19	Professional Services	Accumulated Costs	15,673,161	6	17,295	4,828,827	5,329	5	
6	20	Dues, Fees, Subscriptions & Prom	Accumulated Costs	15,673,161	6	1,054	4,828,827	325	6	
7	21	Clerical & General Office Expense	Accumulated Costs	15,673,161	6	314,561	277,254	4,828,827	96,915	7
8	22	Employee Benefits & Payroll Tax	Accumulated Costs	15,673,161	6	60,971	4,828,827	18,785	8	
9	24	Travel & Seminar	Accumulated Costs	15,673,161	6	1,466	4,828,827	452	9	
10	25	Other Admin Staff Transportation	Accumulated Costs	15,673,161	6	5,353	4,828,827	1,649	10	
11	26	Insurance-Prop, Liab, Malpractice	Accumulated Costs	15,673,161	6	3,577	4,828,827	1,102	11	
12	30	Depreciation	Accumulated Costs	15,673,161	6	29,292	4,828,827	9,025	12	
13	34	Rent-Facility & Grounds	Accumulated Costs	15,673,161	6	22,880	4,828,827	7,049	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					\$ 1,132,686	\$ 946,956	\$ 348,977	25	

Facility Name & ID Number

Mt. Vernon Countryside Manor, Inc.

# 0035998

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

**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			
<b>A. Directly Facility Related</b>																		
<b>Long-Term</b>																		
1							\$	\$			\$	1						
2												2						
3												3						
4												4						
5												5						
<b>Working Capital</b>																		
6	The Bank of Edwardsville		x	line of credit	Interest Only	08/01/17	500,000	299,322	06/05/2019	Variable	15,948	6						
7									Offset interest income		(9,129)	7						
8												8						
9	<b>TOTAL Facility Related</b>						\$ 500,000	\$ 299,322			\$ 6,819	9						
<b>B. Non-Facility Related*</b>																		
10												10						
11												11						
12												12						
13												13						
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$	14						
15	<b>TOTALS (line 9+line14)</b>						\$ 500,000	\$ 299,322			\$ 6,819	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.)



**2017 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Mt. Vernon Countryside Manor, Inc. COUNTY Jefferson

FACILITY IDPH LICENSE NUMBER 0035998

CONTACT PERSON REGARDING THIS REPORT Amy Elik

TELEPHONE 618-327-3064 FAX #: 618-327-3083

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2017 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 2017.

(A)	(B)	(C)	(D) <u>Tax</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Applicable to Nursing Home</u>
1. <u>07-28-376-013</u>	<u>2S 3E LMC Plaza Lots 1-5</u>	\$ <u>244,738.26</u>	\$ <u>148,066.65</u>
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u>244,738.26</u>	\$ <u>148,066.65</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  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 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

**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 Mt. Vernon Countryside Manor, Inc.

# 0035998

Report Period Beginning:

01/01/2018 Ending:

12/31/2018

**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?  (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).

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

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: 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.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>		<u>1988</u>	<u>\$ 61,425</u>	<u>1</u>
2					<u>2</u>
3	<b>TOTALS</b>			<b>\$ 61,425</b>	<b>3</b>

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

# 0035998

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

**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	\$	\$ 2,603,896	4
5											5
6											6
7											7
8											8
	<b>Improvement Type**</b>										
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		Smoke Detectors	1996		812		10			812	14
15		Air Conditioners	1996		1,342		5			1,342	15
16		Multiflow Furnace/Condensing Unit	1996		1,541		5			1,541	16
17		Storage Building Roof	1996		5,100		10			5,100	17
18		Asphalt East Parking Lot	1996		2,373		10			2,373	18
19		Air Conditioners	1996		1,549		5			1,549	19
20		Entry Control System	1996		1,133		10			1,133	20
21		Vinyl Floor Covering	1996		4,465		10			4,465	21
22		Fire Alarm System	1997		13,564		15			13,564	22
23		Furnace & Tempering Valve	1997		2,112		15			2,112	23
24		Air Conditioners (2)	1997		1,502		10			1,502	24
25		Air Freshener System	1998		1,314		10			1,314	25
26		Air Freshener System	1998		1,300		10			1,300	26
27		Gazebo	1998		2,974		15			2,974	27
28		Flooring	2000		18,661		10			18,661	28
29		Concrete Pad for Gazebo	2000		4,303		15			4,303	29
30		Landscaping	2001		7,305		10			7,305	30
31		Electrical Repairs	2001		6,691		10			6,691	31
32		Cabinets	2001		28,181	1,409	20	1,409		25,128	32
33		Office Remodel	2002		5,319		15			5,319	33
34		Wall Brackets	2002		4,577		10			4,577	34
35		Shower Room Tile	2002		3,108		10			3,108	35
36		Air Conditioners (8)	2002		6,164		5			6,164	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 &amp; ID Number Mt. Vernon Countryside Manor, Inc.

# 0035998

Report Period Beginning:

01/01/2018 Ending: 12/31/2018

## 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	Air Conditioners (7)	2003	\$ 5,220	\$	5	\$	\$	\$ 5,220	37
38	Telephone System	2003	9,538		10			9,538	38
39	Air Conditioners (5)	2003	4,684		5			4,684	39
40	Water Softener System	2003	6,199		12			6,199	40
41	HVAC Units (9)	2004	6,493		5			6,493	41
42	HVAC Units (3)	2004	2,164		5			2,164	42
43	HVAC Units (10)	2004	7,214		5			7,214	43
44	Wallcovering	2004	10,456		5			10,456	44
45	Doors & Kickplates	2004	5,262	351	15	351		5,175	45
46	Concrete Driveway	2004	4,257	284	15	284		4,068	46
47	Landscaping	2005	20,005		10			20,005	47
48	Lighting - 300 Hall Exit	2005	3,269		10			3,269	48
49	HVAC Units (3)	2005	2,417		5			2,417	49
50	Sprinkler Pipe Replacement	2006	36,670	1,467	25	1,467		18,335	50
51	Parking Lot Slab	2006	22,000	1,467	15	1,467		18,089	51
52	Window Treatments	2006	16,296		10			16,296	52
53	Painting & Wallpaper	2006	18,949		5			18,949	53
54	Flooring	2006	62,193		10			62,193	54
55	Heating & Cooling Units (7)	2006	3,731		10			3,731	55
56	Light Fixtures	2006	1,278		10			1,278	56
57	Nurse Station Flooring	2007	10,127		10			10,127	57
58	Custom Nurse Station	2007	17,030	1,419	12	1,419		16,793	58
59	Custom Cabinetry and Tops	2007	11,369	947	12	947		11,211	59
60	New Roof	2007	90,380		10			90,380	60
61	Blinds	2007	2,019		5			2,019	61
62	Gutters	2007	6,500		10			6,500	62
63	Commercial Heater	2007	5,845		10			5,845	63
64	Iron Fence	2008	21,585	863	25	863		9,282	64
65	Lighted Fountain	2008	3,331	222	15	222		2,369	65
66	Doors	2010	1,506	100	15	100		828	66
67	Sprinkler System Heads (53)	2010	8,441	338	25	338		2,842	67
68	Satellite Dishes	2010	13,900	1,390	10	1,390		11,467	68
69	Interior Doors (161)	2010	94,717	6,314	15	6,314		51,042	69
70	TOTAL (lines 4 thru 69)		\$ 3,448,744	\$ 107,409		\$ 107,409	\$	\$ 3,235,892	70

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

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

# 0035998

Report Period Beginning:

01/01/2018 Ending: 12/31/2018

**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	<b>Totals from Page 12A, Carried Forward</b>		\$ 3,448,744	\$ 107,409		\$ 107,409	\$	\$ 3,235,892	1
2	Air Conditioning System - 3-ton	2011	6,800		5			6,800	2
3	Water Softeners (2)	2011	4,345	435	10	435		3,186	3
4	Bridge Upgrade - Concrete	2011	10,718	715	15	715		5,299	4
5	Water Heaters (2)	2012	15,222	1,522	10	1,522		9,768	5
6	Air Conditioner - 5-ton	2012	4,850	485	10	485		3,152	6
7	Walk-In Cooler Condensing Unit	2012	2,638	176	15	176		1,128	7
8	PTAC Heating & Cooling Units (10)	2012	7,333	489	15	489		3,096	8
9	HVAC System w/2-ton Condensing Unit	2013	5,500	367	15	367		2,017	9
10	Water Heater	2013	7,236	724	10	724		3,618	10
11	Water Filtration Equipment	2014	4,358	436	10	436		1,816	11
12	4 Ton A/C Unit & Furnace	2015	3,407	227	15	227		795	12
13	Water Filtration System	2015	4,398	440	10	440		1,649	13
14	Service Entrance Door	2015	2,894	145	20	145		458	14
15	Natural Gas Water Heaters (3)	2015	19,626	1,963	10	1,963		7,406	15
16	Sprinkler System Replacement	2015	4,093	164	25	164		518	16
17	2-5 ton AC Units & Furnaces	2016	7,210	721	10	721		1,923	17
18	Wood Flooring	2016	5,624	562	10	562		1,172	18
19	Concrete Sidewalks	2016	5,000	333	15	333		806	19
20	Landscaping	2016	8,006	801	10	801		2,002	20
21	Tile/Carpet for Family & Act Rooms	2017	5,179	518	10	518		993	21
22	Carpet-Halls, Admin & Business Ofcs	2017	5,193	1,039	5	1,039		1,843	22
23	2-5 ton AC Units	2017	5,832	583	10	583		755	23
24	Wallpaper-Entry & Dining Rm	2017	7,721	1,544	5	1,544		1,802	24
25	New Door-Activity Rm	2017	1,389	69	20	69		81	25
26	Electrical Work for Dining Rm Lighting	2017	3,200	160	20	160		187	26
27	Wallguards-Dining Rm	2017	2,202	220	10	220		238	27
28	Wallpaper-Salon, Conf Rm, Sitting Rm	2017	5,183	1,037	5	1,037		1,123	28
29	Painting-Dining Rm, Sitting Rm, Foyer	2017	9,127	1,825	5	1,825		1,978	29
30	2 PTAC Units	2017	1,752	350	5	350		350	30
31	Painting-Salon, BR's, Hall, Activity Rm	2017	5,460	1,092	5	1,092		1,092	31
32	Countertops	2017	1,560	104	15	104		104	32
33	New Landscaping-Labor & materials	2017	12,506	1,601	10	1,601		2,434	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 3,644,306	\$ 128,256		\$ 128,256	\$	\$ 3,305,481	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	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	<b>Totals from Page 12B, Carried Forward</b>		\$ 3,644,306	\$ 128,256		\$ 128,256	\$	\$ 3,305,481	1
2	Therapy Room Gutted to Studs & Rebuilt-Architecture Plans	2018	6,300	192	30	192		192	2
3	Therapy Rm Gutted to Studs & Rebuilt-Contractor Labor/Mat.	2018	155,150	4,741	30	4,741		4,741	3
4	Therapy Room LVT Flooring Materials & Labor	2018	8,120	744	10	744		744	4
5	Countertops-Therapy Room & Eyewash Station	2018	5,572	340	15	340		340	5
6	Dining Room LVT Flooring materials & labor	2018	8,337	486	10	486		486	6
7	Ceramic Tile-front entrance back to Nsg station, offices, beauty sh	2018	26,541	774	20	774		774	7
8	Carpet-Sitting Rm, Offices, Conference Room	2018	4,553	152	5	152		152	8
9	Light Fixtures-Dining Rm, Sitting Rm, Entryway	2018	2,937	269	10	269		269	9
10	Electrical Wiring & Conduit to Improve Generator coverage	2018	2,300	96	20	96		96	10
11	Paint Walls & Ceiling, Remove Wallpaper-Nurses Station	2018	2,750	367	5	367		367	11
12	Access Control System-front door & service door	2018	9,710	647	10	647		647	12
13	Sprinkler System New Piping & Zone Valves in wings	2018	5,027	117	25	117		117	13
14	Remove wallpaper, hang new wp-Living rm, Dining rm, Conf rm,	2018	8,870	1,774	5	1,774		1,774	14
15	Natural Gas Water Heater	2018	4,793	80	10	80		80	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	<b>TOTAL (lines 1 thru 33)</b>		\$ 3,895,266	\$ 139,035		\$ 139,035	\$	\$ 3,316,260	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:

01/01/2018

Ending:

12/31/2018

**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	\$ 347,667	\$ 30,452	\$ 33,877	\$ 3,425	3-15	\$ 114,673	71
72	Current Year Purchases	65,977	5,739	5,739		10	5,739	72
73	Fully Depreciated Assets	477,352	1,603	1,994	391	3-15	477,352	73
74								74
75	<b>TOTALS</b>	\$ 890,996	\$ 37,794	\$ 41,610	\$ 3,816		\$ 597,764	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 Buss	2003	40,750				4	40,750	77
78	Facility	Utility Trailer	2004	1,867				4	1,867	78
79	Home Office Auto	2017 Porsche Cayenne	2017	21,820		5,910	5,910	4	7,728	79
80	<b>TOTALS</b>			\$ 87,096	\$	\$ 5,910	\$ 5,910		\$ 73,004	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)	\$ 4,934,783	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 176,829	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 186,555	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 9,726	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,987,028	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	<b>TOTALS</b>	\$	\$	\$	91

**G. Construction-in-Progress**

	Description	Cost	
92	Section N/A	\$	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.

**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	<b>TOTAL</b>				\$			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.	_____ /2019	\$ _____
13.	_____ /2020	\$ _____
14.	_____ /2021	\$ _____

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

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

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_ \*

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

15. Is Movable equipment rental included in building rental?

YES  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	<b>TOTAL</b>		\$	\$	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			
		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	<b>TOTALS</b>	\$	\$	\$	\$
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$			

**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)	
<b>TOTAL TRAINED</b>	

- (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				
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 prescripts				183,368		183,368	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Therapy</u>	39,3				701,838			701,838	12
13	Other (specify): <u>Labs,Xrays,Supplies</u>	39,2 & 39,3				66,988	9,265		76,253	13
14	TOTAL			\$		\$ 768,826	\$ 192,633		\$ 961,459	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.

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

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 797,280	\$	1
2	Cash-Patient Deposits	5,444		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>40,000</u> )	904,202		3
4	Supply Inventory (priced at <u>cost</u> )	8,644		4
5	Short-Term Investments			5
6	Prepaid Insurance	14,732		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Deposits</u>	950		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,731,252	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	86,937		13
14	Buildings, at Historical Cost	3,862,615		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	917,299		16
17	Accumulated Depreciation (book methods)	(3,944,717)		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):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 922,134	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 2,653,386	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 303,196	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	5,444		28
29	Short-Term Notes Payable	299,322		29
30	Accrued Salaries Payable	199,880		30
31	Accrued Taxes Payable (excluding real estate taxes)	12,576		31
32	Accrued Real Estate Taxes(Sch.IX-B)	151,000		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36				36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 971,418	\$	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	<u>Due to Shareholders</u>	725,314		43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 725,314	\$	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 1,696,732	\$	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 956,654	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 2,653,386	\$	48

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1 Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>1,145,538</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>1,145,538</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>1,011,116</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	<b>(1,200,000)</b>	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>(188,884)</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>956,654</b>	<b>24</b> *

\* This must agree with page 17, line 47.

**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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 5,793,080	1
2	Discounts and Allowances for all Levels	(2,022,332)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 3,770,748	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,324,509	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 2,324,509	8
<b>C. Other Operating Revenue</b>			
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	29,440	19
20	Radiology and X-Ray	30,566	20
21	Other Medical Services		21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 60,006	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	9,129	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 9,129	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>	822	27
28	<u>Misc Rental Revenue</u>	5,050	28
28a	<u>Other Revenue</u>	1,679	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 7,551	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 6,171,943	30

2			
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	828,433	31
32	Health Care	1,897,836	32
33	General Administration	944,229	33
<b>B. Capital Expense</b>			
34	Ownership	344,844	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	961,509	35
36	Provider Participation Fee	183,976	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 5,160,827	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	1,011,116	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 1,011,116	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,674,542	44
45	Private Pay - Net Inpatient Revenue	1,301,759	45
46	Medicare - Net Inpatient Revenue	794,447	46
47	Other-(specify)		47
48	Other-(specify)		48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 3,770,748	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  
12/31/2018

BOOK TO TAX RECONCILIATION:

BOOK NET INCOME	\$ 1,011,116
DEPRECIATION ADJUSTMENT	(14,489)
CONVERSION TO CASH BASIS ADJUSTMENTS	376,821
OTHER MISC BOOK TO TAX ADJUSTMENTS	19,210
TAX NET INCOME	<u>\$ 1,392,658</u>

MT VERNON COUNTRYSIDE MANOR, INC.  
Detail of Other Revenue  
ATTACHMENT TO SCHEDULE XVII  
12/31/2018

Class action lawsuit settlement	50	offset to ln 39
Class action lawsuit settlement	772	offset to ln 7
Misc Rental Revenue	5,050	
Employee flu vaccine income	305	offset to ln 10
Vending Machine commission	1,097	
Medical records copies	156	offset to ln 10
Other miscellaneous income	121	
	<u>7,551</u>	

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

# 0035998

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

**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	1,952	2,093	\$ 71,921	\$ 34.36	1
2	Assistant Director of Nursing	1,952	2,282	56,910	24.94	2
3	Registered Nurses	9,692	9,964	240,885	24.18	3
4	Licensed Practical Nurses	15,488	16,270	332,232	20.42	4
5	CNAs & Orderlies	67,189	68,846	826,082	12.00	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,772	4,013	52,892	13.18	8
9	Activity Director	1,955	2,124	21,718	10.23	9
10	Activity Assistants	1,230	1,254	13,251	10.57	10
11	Social Service Workers	3,373	3,643	48,916	13.43	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	15,957	16,630	183,988	11.06	15
16	Dishwashers					16
17	Maintenance Workers	3,848	4,208	83,986	19.96	17
18	Housekeepers	9,646	10,111	95,356	9.43	18
19	Laundry	8,551	9,057	85,871	9.48	19
20	Administrator	1,888	2,126	83,609	39.33	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	1,953	2,157	32,476	15.06	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,003	2,103	25,553	12.15	31
32	Other Health C: <u>MDS/CarePlan</u>	3,703	3,937	98,050	24.90	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	154,152	160,818	\$ 2,353,696 *	\$ 14.64	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	137	\$ 7,900	1,3	35
36	Medical Director	Contract	8,200	9,3	36
37	Medical Records Consultant	16	1,040	10,3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Contract	2,715	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	19	1,399	11,3	44
45	Social Service Consultant	19	1,399	12,3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	191	\$ 22,653		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  
 12/31/2018

<u>Invoice Date</u>	<u>Law Firm Name</u>	<u>Allowable/Non-allowable</u>	<u>Amount</u>	<u>Description</u>
1/31/2018	Mathis, Marifian & Richter, Ltd	Non-allowable	1,200.00	Patient account collections
2/28/2018	Mathis, Marifian & Richter, Ltd	Non-allowable	1,040.00	Patient account collections
3/31/2018	Mathis, Marifian & Richter, Ltd	Non-allowable	1,614.00	Patient account collections
4/30/2018	Mathis, Marifian & Richter, Ltd	Non-allowable	2,314.00	Patient account collections
5/31/2018	Mathis, Marifian & Richter, Ltd	Non-allowable	160.00	Patient account collections
4/30/2018	Mathis, Marifian & Richter, Ltd	Non-allowable	(200.00)	recoupment of legal fees-collections
10/11/2018	Mathis, Marifian & Richter, Ltd	Non-allowable	140.00	Patient account collections
10/31/2018	Mathis, Marifian & Richter, Ltd	Non-allowable	240.00	Patient account collections
			6,508.00	
		Non-allowable	6,508.00	
		allowable	-	
			6,508.00	

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

# 0035998

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

**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 \$3,888
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 10 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 N/A
- (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. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 183,976  
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 benefit 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