

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF ILLINOIS

Case number (if known) \_\_\_\_\_ Chapter 11

Check if this an amended filing

Official Form 201

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name New Athens Home for the Aged

2. All other names debtor used in the last 8 years  
Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 37-1221748

4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	<u>203 S. Johnson Street</u> <u>New Athens, IL 62264</u> Number, Street, City, State & ZIP Code	_____
	<u>Saint Clair</u> County	<u>Location of principal assets, if different from principal place of business</u> _____
		Number, Street, City, State & ZIP Code

5. Debtor's website (URL) \_\_\_\_\_

6. Type of debtor

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

Partnership (excluding LLP)

Other. Specify: \_\_\_\_\_

Debtor New Athens Home for the Aged  
Name

Case number (if known) \_\_\_\_\_

**7. Describe debtor's business**

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- Chapter 7
- Chapter 9

Chapter 11. Check all that apply:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- No.
- Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

- No
- Yes.

List all cases. If more than 1, attach a separate list

Debtor _____	Relationship _____
District _____	When _____ Case number, if known _____

Debtor **New Athens Home for the Aged**  
Name

Case number (if known) \_\_\_\_\_

**11. Why is the case filed in this district?** *Check all that apply:*

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** *(Check all that apply.)*

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
 What is the hazard? \_\_\_\_\_

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other \_\_\_\_\_

**Where is the property?** 203 S. Johnson Street  
New Athens, IL, 62264-0000  
Number, Street, City, State & ZIP Code

**Is the property insured?**

No

Yes. Insurance agency Hamilton Insurance Agency  
 Contact name Unknown (ext. 262)  
 Phone 703-359-8100

**Statistical and administrative information**

**13. Debtor's estimation of available funds** *Check one:*

Funds will be available for distribution to unsecured creditors.

After any administrative expenses are paid, no funds will be available to unsecured creditors.

**14. Estimated number of creditors**

<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

**15. Estimated Assets**

<input checked="" type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

**16. Estimated liabilities**

<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input checked="" type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Debtor **New Athens Home for the Aged**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature of authorized representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **February 9, 2018**  
MM / DD / YYYY

**X /s/ Sara Archer**  
Signature of authorized representative of debtor  
  
Title **Administrator**

**Sara Archer**  
Printed name

**18. Signature of attorney**

**X /s/ Robert E. Eggmann**  
Signature of attorney for debtor

Date **February 9, 2018**  
MM / DD / YYYY

**Robert E. Eggmann 6203021**  
Printed name

**Carmody MacDonald P.C.**  
Firm name

**120 S. Central Ave., Suite 1800**  
**Saint Louis, MO 63105**  
Number, Street, City, State & ZIP Code

Contact phone **314-854-8600** Email address **ree@carmodymacdonald.com**

**6203021**  
Bar number and State

NEW ATHENS HOME FOR THE AGED  
STATEMENTS OF FINANCIAL POSITION  
December 31, 2016 and 2015

**ASSETS**

	<u>2016</u>	<u>2015</u>
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	\$ 34,476	\$ 6,932
Accounts receivable	601,083	568,818
Inventory	12,499	10,628
Prepaid expenses	12,616	9,362
Investments	<u>2,100</u>	<u>2,100</u>
Total Current Assets	<u>662,774</u>	<u>597,840</u>
 <b>PROPERTY AND EQUIPMENT</b>		
Land	27,000	27,000
Buildings	2,629,697	2,625,197
Furniture and equipment	<u>429,909</u>	<u>428,643</u>
	3,086,606	3,080,840
Accumulated depreciation	<u>(1,974,410)</u>	<u>(1,914,501)</u>
	<u>1,112,196</u>	<u>1,166,339</u>
 <b>TOTAL ASSETS</b>	 <u><u>\$ 1,774,970</u></u>	 <u><u>\$ 1,764,179</u></u>

**LIABILITIES AND NET ASSETS**

<b>CURRENT LIABILITIES</b>		
Accounts payable	\$ 198,304	\$ 169,294
Accrued expenses	61,423	59,153
Rental deposits	2,750	2,750
Current portion of long-term debt	<u>286,289</u>	<u>357,619</u>
<b>TOTAL CURRENT LIABILITIES</b>	<u>548,766</u>	<u>588,816</u>
 <b>LONG-TERM DEBT</b>		
Net of current portion	<u>166,200</u>	<u>112,610</u>
 <b>TOTAL LIABILITIES</b>	 <u>714,966</u>	 <u>701,426</u>
 <b>NET ASSETS</b>		
Unrestricted net assets	<u>1,060,004</u>	<u>1,062,753</u>
 <b>TOTAL LIABILITIES AND NET ASSETS</b>	 <u><u>\$ 1,774,970</u></u>	 <u><u>\$ 1,764,179</u></u>

See accompanying notes and independent accountant's compilation report.

NEW ATHENS HOME FOR THE AGED  
STATEMENTS OF ACTIVITIES  
Years Ended December 31, 2016 and 2015

	2016	%	2015	%
<b>REVENUES</b>				
Resident room and board	\$ 2,110,327	100.0	\$ 1,939,711	100.0
<b>EXPENSES</b>				
Wages	1,262,701	59.8	1,179,030	60.8
Activity supplies	1,685	0.0	2,068	0.1
Advertising	6,820	0.3	6,042	0.3
Cable	4,639	0.2	4,782	0.2
Depreciation	60,917	2.9	59,890	3.1
Dues and subscriptions	3,705	0.1	261	0.0
Employee benefits	123	0.0	1,295	0.0
Employee education	2,363	0.1	405	0.0
Food	95,632	4.5	94,617	4.9
Kitchen supplies	5,893	0.3	15,312	0.8
Housekeeping	15,895	0.8	10,577	0.5
Insurance - Workers compensation	39,998	1.9	31,185	1.7
Insurance - Other	59,575	2.8	57,066	2.9
Laundry	22,124	1.0	15,756	0.9
Legal and accounting	40,542	1.9	7,675	0.5
Medical supplies and services	223,052	10.6	92,169	4.8
Office expense	20,283	1.0	16,475	0.8
Outside services	152,526	7.2	80,120	4.1
Repairs and maintenance	37,566	1.8	24,065	1.2
Taxes - Payroll	107,125	5.1	109,612	5.7
Taxes - Bed tax	107,188	5.1	109,908	5.7
Telephone	3,323	0.3	2,872	0.1
Travel	3,196	0.3	2,387	0.1
Utilities	68,204	3.2	62,329	3.2
Trash pickup	11,114	0.5	8,170	0.4
Licenses	0	0.0	3,980	0.2
Total Operating Expenses	2,356,189	111.7	1,998,048	103.0
<b>NET INCOME (LOSS) FROM OPERATIONS</b>	<b>(245,862)</b>	<b>(11.7)</b>	<b>(58,337)</b>	<b>(3.0)</b>
<b>OTHER INCOME (EXPENSE)</b>				
Contributions	281,520	13.3	140,786	7.3
Net rental income	19,580	0.9	17,008	0.8
Interest income	0	0.0	8	0.0
Therapy fees	4,827	0.2	10,130	0.5
Interest expense	(24,988)	(1.2)	(23,597)	(1.2)
Miscellaneous income	24	0.0	0	0.0
Bad debt expense	(37,850)	(1.7)	(139,970)	(7.2)
	243,113	11.5	4,365	0.2
<b>NET INCOME FOR THE YEAR</b>	<b>(2,749)</b>	<b>(0.2)</b>	<b>(53,972)</b>	<b>(2.8)</b>
Net assets - Beginning of Year	1,062,753		1,116,725	
<b>NET ASSETS - END OF YEAR</b>	<b>\$ 1,060,004</b>		<b>\$ 1,062,753</b>	

See accompanying notes and independent accountant's compilation report.

NEW ATHENS HOME FOR THE AGED  
STATEMENTS OF CASH FLOWS  
Years Ended December 31, 2016 and 2015

	2016	2015
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Net income (Loss)	\$ (2,749)	\$ (53,972)
Adjustments to reconcile net income to net cash provided by operating activities:		
Depreciation and amortization	67,260	66,233
(Increase) decrease in accounts receivable	(32,265)	(49,424)
(Increase) decrease in inventories	(1,871)	(1,005)
(Increase) decrease in prepaid expenses	(3,254)	8,004
Increase (decrease) in accounts payable	29,010	85,121
Increase (decrease) in accrued liabilities	2,270	12,215
Total Adjustments	61,150	121,144
Net Cash Provided (Used) by Operating Activities	58,401	67,172
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Cash payments for the purchase of property	(13,117)	(114,646)
Net Cash Provided (Used) by Investing Activities	(13,117)	(114,646)
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
Net borrowings (payments) on line of credit	(90,430)	0
Proceeds of long-term borrowings	72,690	(16,739)
Net Cash Provided (Used) by Financing Activities	(17,740)	(16,739)
<b>NET INCREASE (DECREASE) IN CASH AND EQUIVALENTS</b>	27,544	(64,213)
Cash and cash equivalents, beginning of year	6,932	71,145
<b>CASH AND EQUIVALENTS, END OF YEAR</b>	\$ 34,476	\$ 6,932
<b>Supplemental Disclosures</b>		
Interest paid	\$ 28,188	\$ 19,597

See accompanying notes and independent accountant's compilation report.

NEW ATHENS HOME FOR THE AGED  
NOTES TO FINANCIAL STATEMENTS  
Years Ended December 31, 2016 and 2015

NOTE A - NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES

Nature of Activities

The New Athens Home for the Aged is a 53 bed long-term care facility, licensed to provide skilled and intermediate care in New Athens, Illinois. A six unit apartment building is also operated by the Organization.

Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Accounts Receivable

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management uses the direct write off method for uncollectible amounts.

Inventories

Inventories are valued at lower of cost or market, determined on the first-in, first-out basis.

Income Taxes

The New Athens Home for the Aged is a tax-exempt organization under Section 501(c) (3) of the Internal Revenue Code and except for taxes pertaining to unrelated business income, is exempt from federal and state income taxes.

Cash Equivalents

For purposes of the statement of cash flows, the Home considers all of its cash in bank and investments with a maturity of less than 90 days to be cash and cash equivalents.

Contributions

All contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as temporarily restricted or permanently restricted support that increases those net asset classes. When a temporary restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions. New Athens Nursing Home had no temporarily or permanently restricted net assets in 2016 or 2015.



NEW ATHENS HOME FOR THE AGED  
NOTES TO FINANCIAL STATEMENTS  
Years Ended December 31, 2016 and 2015

NOTE B - PROPERTY AND EQUIPMENT

Buildings, furniture and equipment are recorded at cost. Depreciation is provided for using the straight-line method over the estimated useful lives of the assets generally as follows:

Building and Improvements	40 years
Furniture and Equipment	10 years

NOTE C - RETIREMENT (403-B)

A 403-B plan is available to all employees after having been employed 90 days. This is a tax deferred program that requires a minimum contribution of \$25.00 per pay period to participate. The employee's contribution may be directed to his/her choice of mutual funds offered. New Athens Home will contribute \$2.50 per pay period toward each participant's fund. The Home's contribution was less than \$2,000 in 2016 and 2015.

NOTE D - LITIGATION

The Organization has been named as a defendant in legal proceedings wherein damages are claimed. Such proceedings are not uncommon in the Organization's business. Historically, the Organization has been successful in defending such actions or has settled them within insured limits.

NOTE E - EVALUATION OF SUBSEQUENT EVENTS

The Organization has evaluated subsequent events through May 2, 2017 the date which the financial statements were available to be issued.

NOTE F - INVESTMENTS

The Organization has 3 Valhalla cemetery grave sites that are valued at \$2,100.

NEW ATHENS HOME FOR THE AGED  
 NOTES TO FINANCIAL STATEMENTS  
 Years Ended December 31, 2016 and 2015

**NOTE G - NOTES PAYABLE**

The Organization's notes payable consist of the following:

	<u>2016</u>	<u>2015</u>
Note payable – National Bank, due in monthly installments of \$3,837 including interest at 5%. Secured by property at 203 S. Johnson.	\$203,000	\$130,310
Line of Credit – Village Bank, \$250,000 available due on demand, including interest at 6%. Secured by 300 S. Market.	149,489	149,489
Line of Credit – National Bank, \$200,000 available due on demand, including interest at 4.0%. Secured by 203 S. Johnson.	100,000	190,430
	<u>\$452,489</u>	<u>\$470,229</u>
Less: Current portion	<u>286,289</u>	<u>357,619</u>
	<u>\$166,200</u>	<u>\$112,610</u>

Future scheduled maturities of notes payable are as follows:

Years ending December 31:

2017	\$286,289
2018	27,000
2019	29,000
2020	32,000
2021	35,000
Later years	43,200
	<u>\$452,489</u>

Interest expense for the years ended December 31, 2016 and 2015, are \$24,988 and \$23,597, respectively.

NEW ATHENS HOME FOR THE AGED  
 SCHEDULE I - STATEMENTS OF RENTAL INCOME  
 Years Ended December 31, 2016 and 2015

	<u>2016</u>	<u>%</u>	<u>2015</u>	<u>%</u>
<b>INCOME</b>				
Apartment rental income	<u>\$ 37,500</u>	<u>1.8</u>	<u>\$ 33,500</u>	<u>1.7</u>
<b>EXPENSES</b>				
Depreciation	6,343	0.3	6,343	0.3
Real estate taxes	7,694	0.4	7,381	0.4
Repairs and maintenance	1,093	0.1	88	0.0
Insurance	<u>2,790</u>	<u>0.1</u>	<u>2,680</u>	<u>0.1</u>
Total Expenses	<u>17,920</u>	<u>0.9</u>	<u>16,492</u>	<u>0.8</u>
<b>NET RENTAL INCOME</b>	<u><u>\$ 19,580</u></u>	<u><u>0.9</u></u>	<u><u>\$ 17,008</u></u>	<u><u>0.9</u></u>

See accountant's compilation report.

**NEW ATHENS HOME FOR THE AGED  
FINANCIAL STATEMENT  
DECEMBER 2017**

CASH FLOW BEGINNING OF MONTH	<u>71,438.56</u>	
TOTAL RECEIPTS	181,659.31	
DISBURSEMENTS	<u>214,766.70</u>	<u>BUDGET</u>
CASH FLOW END OF MONTH	<u>38,331.17</u>	<u>8,363.00</u>

CHECKING BALANCE BEGINNING OF MONTH	<u>101,534.36</u>
TOTAL RECEIPTS	181,659.31
DISBURSEMENTS (EX CAPITAL EXP.)	214,766.70
CAPITAL EXPENDITURES	0.00
LOAN TRANSACTIONS	0.00
BEQUESTS & ESTATES	24,514.33
MONEY TRANSFERS	<u>0.00</u>
CHECKING BALANCE END OF MONTH	<u>92,941.30</u>

**ACCOUNT POSITIONS :**

ACCOUNTS RECEIVABLE

ACCOUNTS PAYABLE - Short Term 256,436.86


thru December 2017  
149,488.52 Village Bank, Ln Crd  
100,000.00 Natl Bank Ln Crd  
166,582.70 Natl Bk Mort.

ACCOUNTS PAYABLE - Long Term 416,071.22

FINANCIAL ASSETS (INVESTMENTS) 3,037.81

<u>INVESTMENTS</u>	<u>YEAR TO DATE INTEREST</u>	<u>BANK ACCOUNT</u>	<u>CD'S</u>
REGULAR CHECKING ACCOUNT CD's			
VILLAGE BANK SAV. ACCT. #20418			
PROJECT FUND ACCT. # [REDACTED] 0290	<u>0.26</u>	<u>3,037.81</u>	
APPARTMENT ACCT. ROOF RESERVE (Project Fund)			
ENDOWMENT ACCT. #			
APPARTMENT ACCT. #			
MONEY MARKET ACCT. #			

TOTAL YTD INT. 0.26

  
 \_\_\_\_\_  
 BRENDA J. WHITLOW, FINANCIAL OFFICER

**NEW ATHENS HOME FOR THE AGED  
TREASURER'S REPORT  
DECEMBER 2017**

<u>CATEGORY</u>	<u>ACTUAL</u>	<u>CATEGORY</u>	<u>ACTUAL</u>
PRIVATE PAY - INCOME	61,988.04	RETIREMENT - PAYMENT	26.78
PRIVATE PAY - REFUND	<u>0.00</u>	RETIREMENT - REIMB.	<u>26.78</u>
PRIVATE PAY - NET	<u><u>61,988.04</u></u>	RETIREMENT - NET	<u><u>0.00</u></u>
IPA - INCOME	46,187.35	FOOD - PAYMENT	8,812.02
IPA - REFUND	<u>0.00</u>	FOOD - REIMB.	<u>566.75</u>
IPA - NET	<u><u>46,187.35</u></u>	FOOD - NET	<u><u>8,245.27</u></u>
HEALTH INS. - PAYMENT	682.39	EDUCATION - PAYMENT	0.00
HEALTH INS. - REIMB.	<u>636.70</u>	EDUCATION - REIMB.	<u>0.00</u>
HEALTH INS. - NET	<u><u>45.69</u></u>	EDUCATION - NET	<u><u>0.00</u></u>
BONDS/403-B - PAYMENT	50.00		
BONDS/403-B - REIMB.	<u>45.00</u>		
BONDS/403-B - NET	<u><u>5.00</u></u>		

NEW ATHENS HOME FOR THE AGED  
TREASURER'S REPORT  
DECEMBER 2017

RECEIPTS	ACTUAL	BUDGET	YTD ACTUAL	YTD BUDGET	YTD DIFFERENCE
1 PRIVATE PAY (NET)	61,988.04		803,465.93	0.00	803,465.93
2 IPA PAY (NET)	46,187.35		1,085,068.70	0.00	1,085,068.70
3 NET APT. INCOME	1,948.37		36,367.69	0.00	36,367.69
4 DONATIONS	5,719.14		17,502.63	0.00	17,502.63
5 INTEREST	0.00		0.00	0.00	0.00
6 MISCELLANEOUS	25.00		6,340.60	0.00	6,340.60
7 MEDICARE	65,791.41		369,320.82	0.00	369,320.82
<b>TOTAL RECEIPTS</b>	<b>181,659.31</b>	<b>0.00</b>	<b>2,318,066.37</b>	<b>0.00</b>	<b>2,318,066.37</b>
<b>EXPENSES</b>					
1 GROSS WAGES	96,557.50		1,328,534.29	0.00	1,328,534.29
2 TAXES - S.S.	7,391.90		101,340.82	0.00	101,340.82
3 TAXES - UNEMP.	144.59		4,388.38	0.00	4,388.38
4 ADVERTISING	165.00		4,006.30	0.00	4,006.30
5 CONSULTANTS	2,968.08		46,497.71	0.00	46,497.71
6 DEPR./CAPITAL EXP	0.00		1,974.19	0.00	1,974.19
7 DUES/ SUB.	10.00		5,451.00	0.00	5,451.00
8 EMP. RETIREMENT	0.00		0.00	0.00	0.00
9 EMP. HEALTH INS.	45.69		(76.07)	0.00	(76.07)
10 EMP. BONDS/403-B	5.00		72.50	0.00	72.50
11 EMP. EDUCATION	0.00		139.00	0.00	139.00
12 INS. WORK COMP.	(5,457.00)		23,755.80	0.00	23,755.80
13 INS. OTHER	4,659.63		64,156.17	0.00	64,156.17
14 FOOD	8,245.27		96,627.54	0.00	96,627.54
15 Provider Fee/Bed Tax	13,991.00		107,960.00	0.00	107,960.00
16 LINENS	0.00		1,932.75	0.00	1,932.75
17 VAN - (Fuel & Serv)	0.00		530.74	0.00	530.74
18 MEDICAL	4,328.00		65,044.27	0.00	65,044.27
19 JANITOR	921.64		15,231.46	0.00	15,231.46
20 KITCHEN	1,848.67		12,859.53	0.00	12,859.53
21 LAUNDRY	1,476.79		19,866.57	0.00	19,866.57
22 MAINTENANCE	6,528.38		32,613.04	0.00	32,613.04
23 OFFICE	1,057.27		23,259.18	0.00	23,259.18
24 ACTIVITY	0.00		167.94	0.00	167.94
25 TRAVEL	0.00		3,121.00	0.00	3,121.00
26 TELEPHONE	228.98		2,768.57	0.00	2,768.57
27 CABLE	480.72		5,768.56	0.00	5,768.56
28 GAS	981.02		10,130.84	0.00	10,130.84
29 ELECTRIC	2,074.36		34,122.12	0.00	34,122.12
30 GARBAGE	1,070.28		12,051.46	0.00	12,051.46
31 WATER/SEWER	2,287.50		25,803.16	0.00	25,803.16
32 EMP DRUG TEST	166.00		2,894.00	0.00	2,894.00
33 LICENSURE/1 YR	0.00		1,990.00	0.00	1,990.00
34 MISCELLANEOUS	403.48		8,434.39	0.00	8,434.39
35 AGENCY	31,269.20		39,449.69	0.00	39,449.69
36 MEDICARE	26,343.15		110,961.39	0.00	110,961.39
37 APARTMENTS	0.00		6,767.75	0.00	6,767.75
38 LOAN PAYMENTS	4,574.60		59,139.16	0.00	59,139.16
<b>TOTAL EXPENSES</b>	<b>214,766.70</b>	<b>0.00</b>	<b>2,279,735.20</b>	<b>0.00</b>	<b>2,279,735.20</b>

**NEW ATHENS HOME FOR THE AGED  
TREASURER'S REPORT  
DECEMBER 2017**

<u>DATE</u>	<u>CAPITAL EXPENDITURES DESCRIPTION</u>	<u>COST</u>
		<u>0.00</u>
	TOTAL CAPITAL EXPENDITURE	<u>0.00</u>

<u>DATE</u>	<u>LOAN TRANSACTIONS DESCRIPTION</u>	<u>DEPOSIT</u>	<u>PAYMENT</u>	<u>BALANCE</u>
12/1/2014	BEGINNING BALANCE			0.00
12/31/2014	TOTAL ACTIVITY & BALANCE	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>

<u>MONEY TRANSFERS - CHECKING ACCOUNT</u>				
<u>DATE</u>	<u>DESCRIPTION</u>	<u>TRANSFER-IN</u>	<u>TRANSFER-OUT</u>	<u>BALANCE</u>
12/1/2018	BEGINNING BALANCE			(50.00)
12/31/2018	TOTAL ACTIVITY & BALANCE	<u>0.00</u>	<u>0.00</u>	<u>(50.00)</u>

<u>DATE</u>	<u>BEQUESTS &amp; ESTATES DESCRIPTION</u>	<u>DONATION</u>
12/18/2017	[REDACTED]	3,647.00
12/18/2017	[REDACTED]	20,867.33
	TOTAL BEQUESTS & ESTATES	<u>24,514.33</u>

**Fill in this information to identify the case:**

Debtor name **New Athens Home for the Aged**  
 United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF ILLINOIS**  
 Case number (if known): \_\_\_\_\_

Check if this is an  
 amended filing

**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Affirma 27071 Aliso Creek Road Aliso Viejo, CA 92656		Resident Therapy				\$41,844.81
All-Staff 1924 Marconi Avenue Saint Louis, MO 63110		Staffing Agency				\$2,940.75
BKD P.O. Box 1190 Springfield, MO 65801-1190		Medical Billing				\$9,314.84
CHHSM 700 Prospect Avenue Cleveland, OH 44115		Tax Exempt Provider				\$1,700.00
Dr. Khan 8601 W. Main St. Belleville, IL 62223		Medical Director				\$4,800.00
ECOLAB P.O. Box 70343 Chicago, IL 60673-0343		Laundry and Janitor Services				\$2,958.62
Ehret 111 Premier Drive Belleville, IL 62220		Heat and Plumbing Repair				\$7,155.67
Favorite 7255 West 98th Terrace Overland Park, KS 66212		Staffing Agency				\$3,195.38
Health Direct 7846 Aviation Drive Marion, IL 62959		Pharmacy				\$56,657.48



Debtor **New Athens Home for the Aged**  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Health Technologies 8446 Page Ave. Saint Louis, MO 63130		Dietary Consulting				\$1,471.92
Martha Hawn 4911 Kaskaskia Road Waterloo, IL 62298		Social Services Consulting				\$1,515.00
Medline Industries, Inc. Dept CH 14400 Palatine, IL 60055		Medical Supplies				\$5,052.30
National Bank 230 S. Main Box 310 Hillsboro, IL 62049		Loan Agreement		\$166,582.70	\$0.00	\$166,582.70
Prairie Farms P. O. Box 128 Olney, IL 62450		Resident Milk				\$1,536.32
Professional Medical P. O. Box 1243 Bedford Park, IL 60499		Medical Supplies				\$5,691.98
Professional Therapy Services, Inc. c/o P. Michael Read, Esq. Law Offices of P. Michael Read 114 East Lincoln Street Belleville, IL 62220		Services				\$96,270.33
Stericycle Shred It P. O. Box 6575 Carol Stream, IL 60197-6575		Hazardous Waste Removal				\$1,509.72
U.S. Foods, Inc. PO Box 504854 Saint Louis, MO 63150		Resident Food Supplier				\$8,091.91
Village Bank P. O. Box 325 Saint Libory, IL 62282		Loan Agreement		\$149,488.52	\$0.00	\$149,488.52
Wappooh 109 S. 5th Street Mound City, IL 62963		Management Consulting				\$42,112.50

**United States Bankruptcy Court  
Southern District of Illinois**

In re **New Athens Home for the Aged**

Debtor(s)

Case No.

Chapter

**11**

VERIFICATION OF CREDITOR MATRIX

I, the Administrator of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge and that it corresponds to the creditors listed in our schedules.

Date: **February 9, 2018**

**/s/ Sara Archer**

**Sara Archer/Administrator**

Signer/Title

Affirma  
27071 Aliso Creek Road  
Aliso Viejo, CA 92656

All-Staff  
1924 Marconi Avenue  
Saint Louis, MO 63110

Barcom  
P.O. Box 433  
Belleville, IL 62222-0433

BKD  
P.O. Box 1190  
Springfield, MO 65801-1190

CHHSM  
700 Prospect Avenue  
Cleveland, OH 44115

Custom Medical  
10770 Midwest Industrial  
Saint Louis, MO 63132

Direct Supply, Inc.  
PO Box 88201  
Milwaukee, WI 53288-0201

Dr. Khan  
8601 W. Main St.  
Belleville, IL 62223

ECOLAB  
P.O. Box 70343  
Chicago, IL 60673-0343

Ehret  
111 Premier Drive  
Belleville, IL 62220

Encompass  
P.O. Box 740209  
Atlanta, GA 30374-0209

Favorite  
7255 West 98th Terrace  
Overland Park, KS 66212

HD Supply Facilities Maint  
PO Box 509058  
San Diego, CA 92150

Health Direct  
7846 Aviation Drive  
Marion, IL 62959

Health Technologies  
8446 Page Ave.  
Saint Louis, MO 63130

Martha Hawn  
4911 Kaskaskia Road  
Waterloo, IL 62298

Medline Industries, Inc.  
Dept CH 14400  
Palatine, IL 60055

National Bank  
230 S. Main  
Box 310  
Hillsboro, IL 62049

Prairie Farms  
P. O. Box 128  
Olney, IL 62450

Professional Medical  
P. O. Box 1243  
Bedford Park, IL 60499

Professional Therapy Services, Inc.  
c/o P. Michael Read, Esq.  
Law Offices of P. Michael Read  
114 East Lincoln Street  
Belleville, IL 62220

Professional Therapy Services, Inc.  
2810 Frank Scott Parkway West  
Belleville, IL 62223

Stericycle Shred It  
P. O. Box 6575  
Carol Stream, IL 60197-6575

U.S. Foods, Inc.  
PO Box 504854  
Saint Louis, MO 63150

Village Bank  
P. O. Box 325  
Saint Libory, IL 62282

Wappooh  
109 S. 5th Street  
Mound City, IL 62963

Wescom PCC  
P. O. Box 674802  
Detroit, MI 48267-4802

**United States Bankruptcy Court  
Southern District of Illinois**

In re **New Athens Home for the Aged** Debtor(s) Case No. \_\_\_\_\_  
Chapter **11**

**STATEMENT OF CORPORATE OWNERSHIP**

Comes now **New Athens Home for the Aged** (the "Debtor") pursuant to Fed. R. Bankr. P. 1007(a) and 7007.1 state as follows:

1. All corporations that directly or indirectly own 10% or more of any class of the Debtor's equity interests are listed below:

<b>Owner</b>	<b>% of Shares Owned</b>
<b>-NONE-</b>	

By: **/s/ Robert E. Eggmann**  
**Robert E. Eggmann 6203021**

**Counsel for New Athens Home for the Aged**