



Facility Name & ID Number Clinton Manor Living Center, Inc

# 0033159 Report Period Beginning: 01/01/11 Ending: 12/31/11

**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 05/24/11

	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	40	Skilled (SNF)	35	13,490	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)	4	888	3
4	50	Intermediate/DD	51	18,472	4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	90	TOTALS	90	32,850	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	7,950	3,988	978	12,916	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD	17,605			17,605	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	25,555	3,988	978	30,521	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 92.91%

D. How many bed-hold days during this year were paid by the Department?

0 (Do not include bed-hold days in Section B.)

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

n/a

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 01/01/88

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 35 and days of care provided 978

Medicare Intermediary Mutual of Omaha

**IV. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/11 Fiscal Year: 12/31/11

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

Facility Name &amp; ID Number

Clinton Manor Living Center, Inc

# 0033159

Report Period Beginning:

01/01/11

Ending:

12/31/11

## V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	A. General Services	1	2	3	4	5	6	7	8		
1	Dietary	207,298	17,941	6,469	231,708		231,708		231,708		1
2	Food Purchase		171,677		171,677		171,677	(4,806)	166,871		2
3	Housekeeping	110,342	16,266	315	126,923		126,923		126,923		3
4	Laundry	49,308	14,434	4,763	68,505		68,505		68,505		4
5	Heat and Other Utilities			79,759	79,759	(300)	79,459	(130)	79,329		5
6	Maintenance	73,673	25,640	77,508	176,821	386	177,207		177,207		6
7	Other (specify):*							(22,000)	(22,000)		7
8	<b>TOTAL General Services</b>	440,621	245,958	168,814	855,393	86	855,479	(26,936)	828,543		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			14,400	14,400		14,400		14,400		9
10	Nursing and Medical Records	1,689,593	117,658	26,138	1,833,389	646	1,834,035	(163)	1,833,872		10
10a	Therapy			218,420	218,420		218,420		218,420		10a
11	Activities	12,504	22,933		35,437		35,437		35,437		11
12	Social Services	164,712		2,310	167,022		167,022	(37,136)	129,886		12
13	CNA Training										13
14	Program Transportation		22,769		22,769	87	22,856		22,856		14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	1,866,809	163,360	261,268	2,291,437	733	2,292,170	(37,299)	2,254,871		16
	<b>C. General Administration</b>										
17	Administrative	146,513		41,000	187,513		187,513	(41,000)	146,513		17
18	Directors Fees										18
19	Professional Services			167,118	167,118	(704)	166,414	(41,000)	125,414		19
20	Dues, Fees, Subscriptions & Promotions			52,617	52,617	1,290	53,907	(35,555)	18,352		20
21	Clerical & General Office Expenses	117,638	14,924	25,757	158,319	245	158,564	(9,570)	148,994		21
22	Employee Benefits & Payroll Taxes			452,695	452,695		452,695		452,695		22
23	Inservice Training & Education			7,537	7,537	308	7,845		7,845		23
24	Travel and Seminar			8,244	8,244	(1,572)	6,672		6,672		24
25	Other Admin. Staff Transportation		2,932		2,932		2,932		2,932		25
26	Insurance-Prop.Liab.Malpractice			53,880	53,880		53,880		53,880		26
27	Other (specify):*			1,835	1,835		1,835		1,835		27
28	<b>TOTAL General Administration</b>	264,151	17,856	810,683	1,092,690	(433)	1,092,257	(127,125)	965,132		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	2,571,581	427,174	1,240,765	4,239,520	386	4,239,906	(191,360)	4,048,546		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 &amp; ID Number

Clinton Manor Living Center, Inc

#0033159

Report Period Beginning:

01/01/11

Ending:

12/31/11

## 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			116,244	116,244		116,244	270	116,514			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			87,396	87,396		87,396	(2,114)	85,282			32
33	Real Estate Taxes			22,188	22,188		22,188		22,188			33
34	Rent-Facility & Grounds			1,271	1,271	(386)	885		885			34
35	Rent-Equipment & Vehicles			1,294	1,294		1,294		1,294			35
36	Other (specify):*			8,111	8,111		8,111	(8,111)				36
37	<b>TOTAL Ownership</b>			236,504	236,504	(386)	236,118	(9,955)	226,163			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		28,669		28,669		28,669		28,669			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops		13,032		13,032		13,032		13,032			41
42	Provider Participation Fee			148,921	148,921		148,921		148,921			42
43	Other (specify):*			67,540	67,540		67,540	(67,540)				43
44	<b>TOTAL Special Cost Centers</b>		41,701	216,461	258,162		258,162	(67,540)	190,622			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	2,571,581	468,875	1,693,730	4,734,186		4,734,186	(268,855)	4,465,331			45

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

Facility Name & ID Number Clinton Manor Living Center, Inc

# 0033159

Report Period Beginning:

01/01/11

Ending:

12/31/11

**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	(2,914)	2		4
5	Telephone, TV & Radio in Resident Rooms	(130)	5		5
6	Rented Facility Space	(22,000)	7		6
7	Sale of Supplies to Non-Patients	(163)	10		7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	270	30		9
10	Interest and Other Investment Income	(2,114)	32		10
11	Discounts, Allowances, Rebates & Refunds	(1,892)	2		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(3,175)	36		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(2,715)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(64,825)	43		24
25	Fund Raising, Advertising and Promotional	(35,555)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(2,372)	36		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(49,270)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (186,855)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$		36
	(sum of SUBTOTALS)			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (186,855)		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.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

BHF USE ONLY							
48		49		50		51	

Clinton Manor Living Center, Inc

ID# 0033159

Report Period Beginning: 01/01/11

Ending: 12/31/11

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Bank Fees	\$ (1,888)	36	1
2	Amortization of Loan Costs	(510)	36	2
3	Political Contributions	(166)	36	3
4	CSS Labor:Admin Progr.	(37,136)	12	4
5	CSS Labor:Admin Asst.	(9,570)	21	5
6	CSS Labor:Nursing	0	10	6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(49,270)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Clinton Manor Living Center, Inc

# 0033159

Report Period Beginning:

01/01/11

Ending:

12/31/11

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>A. General Services</b>													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(4,806)	0	0	0	0	0	0	0	0	0	0	(4,806)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(130)	0	0	0	0	0	0	0	0	0	0	(130)	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	(22,000)	0	0	0	0	0	0	0	0	0	0	(22,000)	7
8	<b>TOTAL General Services</b>	<b>(26,936)</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>(26,936)</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	(163)	0	0	0	0	0	0	0	0	0	0	(163)	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	(37,136)	0	0	0	0	0	0	0	0	0	0	(37,136)	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>(37,299)</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>(37,299)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	(41,000)	0	0	0	0	0	0	0	0	0	(41,000)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	(41,000)	0	0	0	0	0	0	0	0	0	(41,000)	19
20	Fees, Subscriptions & Promotions	(35,555)	0	0	0	0	0	0	0	0	0	0	(35,555)	20
21	Clerical & General Office Expenses	(9,570)	0	0	0	0	0	0	0	0	0	0	(9,570)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	<b>TOTAL General Administration</b>	<b>(45,125)</b>	<b>(82,000)</b>	<b>0</b>	<b>(127,125)</b>	<b>28</b>								
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(109,360)</b>	<b>(82,000)</b>	<b>0</b>	<b>(191,360)</b>	<b>29</b>								

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Clinton Manor Living Center, Inc

# 0033159

Report Period Beginning:

01/01/11

Ending:

12/31/11

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)
	<b>D. Ownership</b>												
30	Depreciation	270	0	0	0	0	0	0	0	0	0	0	270 30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0 31
32	Interest	(2,114)	0	0	0	0	0	0	0	0	0	0	(2,114) 32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0 33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0 34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0 35
36	Other (specify):*	(8,111)	0	0	0	0	0	0	0	0	0	0	(8,111) 36
37	<b>TOTAL Ownership</b>	<b>(9,955)</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>(9,955) 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	0	0	0	0	0	0	0	0	0	0	0	0 39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0 40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0 41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0 42
43	Other (specify):*	(67,540)	0	0	0	0	0	0	0	0	0	0	(67,540) 43
44	<b>TOTAL Special Cost Centers</b>	<b>(67,540)</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>(67,540) 44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>(186,855)</b>	<b>(82,000)</b>	<b>0</b>	<b>(268,855) 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
Michael Brave	25			Brave Inc.	New Baden	Management
Ann Reis	25	Carlyle Healthcare Center	Carlyle	DAR Mngmt	Quincy	Management
		St. Vincent's Home, Inc.	Quincy	Wdm Computer Servi	Quincy	Data Processing
Blain Richard	25	St. Ann's Healthcare Center, Inc.	Chester	RDR Mngmt	Albers	Management
Michael Greer	12.5	St. Ann's Healthcare Center, Inc.	Chester	Greer Mngmt	Trenton	Management

**B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.**  YES  NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	17 Management	\$ 41,000	Brave Management	0.00%	\$	\$ (41,000)	1
2	V	19 Management	41,000	DAR Management	0.00%		(41,000)	2
3	V	19 Data Processing	20,800	WDM Computer Services, Inc.	0.00%	20,800		3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 102,800			\$ 20,800	\$ * (82,000)	14

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

Facility Name & ID Number

Clinton Manor Living Center, Inc

# 0033159

Report Period Beginning:

01/01/11

Ending:

12/31/11

**VII. RELATED PARTIES**

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name &amp; ID Number

Clinton Manor Living Center, Inc

#

0033159

Report Period Beginning:

01/01/11

Ending:

12/31/11

## 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	Michael Greer	Vice President	Owner	12.50	0	14	33.00	Wages	\$ 9,750	17-1	1
2	Blain Richard	President	Owner	25.00	0	10	25.00	Wages	19,500	17-1	2
3	Ann Reis	n/a	Owner	25.00	0	0	0.00	n/a	0	17-1	3
4	Dave Reis	Treasurer	Board Member	0.00	0	10	25.00	Wages	19,500	17-1	4
5	Michael Brave	Administrator	Administrator	25.00	0	40	100.00	Wages	19,500	17-1	5
6	RDR Mngmt	Management	Management	0.00	0	5	12.00	Mngt Fees	88,013	19-3	6
7	DAR Mngt	Management	Management	0.00	0	5	12.00	Mngt Fees	41,000	19-3	7
8	Greer Mngt	Management	Management	0.00	0	5	12.00	Mngt Fees	41,000	19-3	8
9	Brave, Inc.	Management	Management	0.00	0	5	12.00	Mngt Fees	41,000	17-3	9
10	Gail Greer	n/a	Owner	12.50		0	0.00	Wages	9,750	17-1	10
11	See Attached List (Pg 28)										11
12											12
13								TOTAL	\$ 289,013		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 Clinton Manor Living Center, Inc

# 0033159

Report Period Beginning:

01/01/11

Ending: 12/31/11

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 \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

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					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number Clinton Manor Living Center, Inc # 0033159 Report Period Beginning: 01/01/11 Ending: 12/31/11

**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	2	3	4	5	6	7	8	9	10			
										Related**		Purpose of Loan
Name of Lender	YES	NO	Original	Balance								
<b>A. Directly Facility Related</b>												
<b>Long-Term</b>												
1	First National Bank		X	Construction	\$952.45	12/19/03	\$ 95,000	\$ 28,642	08/15/14	4.5000	\$ 1,748	1
2	First National Bank		X	New Storage Shed	\$1,177.54	12/16/11	18,949	18,949	01/16/17	5.1250	5	2
3	First National Bank		X	Refinance & 2nd Mortgage	\$13,720.25	12/31/06	1,305,581	973,708	07/21/16	5.1250	55,535	3
4	First County Bank		X	Auto Loan	\$746.00	01/24/08	45,000	17,344	01/24/14	5.9000	1,271	4
5	GMAC		X	Auto Loan	\$583.33	08/31/09	35,000	18,667	08/31/14	0.0000		5
<b>Working Capital</b>												
6	First National Bank		X	Cash Flow	Interest Only	09/27/07	175,000	350,000	04/13/12	varies	7,837	6
7	Owners	X		Cash Flow	Interest Only	04/13/07	48,000	400,000	12/31/11	5.2500	21,000	7
8												8
9	<b>TOTAL Facility Related</b>				\$17,179.57		\$ 1,722,530	\$ 1,807,310			\$ 87,396	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>						\$ 1,722,530	\$ 1,807,310			\$ 87,396	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ \_\_\_\_\_ 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.)

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)**

**B. Real Estate Taxes**

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>			
1.	Real Estate Tax accrual used on 2010 report.	\$	<u>23,126</u>	1	
2.	Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	\$	<u>22,657</u>	2	
3.	Under or (over) accrual (line 2 minus line 1).	\$	<u>(469)</u>	3	
4.	Real Estate Tax accrual used for 2011 report. (Detail and explain your calculation of this accrual on the lines below.)	\$	<u>22,657</u>	4	
5.	Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>	\$		5	
6.	Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>	\$		6	
7.	Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	\$	<u>22,188</u>	7	
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		2006	<u>20,212</u>	8	
		2007	<u>21,714</u>	9	
		2008	<u>22,046</u>	10	
		2009	<u>23,059</u>	11	
		2010	<u>23,126</u>	12	
<b>FOR BHF USE ONLY</b>					
		13	FROM R. E. TAX STATEMENT FOR 2010 \$		13
		14	PLUS APPEAL COST FROM LINE 5 \$		14
		15	LESS REFUND FROM LINE 6 \$		15
		16	AMOUNT TO USE FOR RATE CALCULATION \$		16

**NOTES:**

1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.  
**This denial must be no more than four years old at the time the cost report is filed.**

**2010 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Clinton Manor Living Center, Inc COUNTY Clinton

FACILITY IDPH LICENSE NUMBER 0033159

CONTACT PERSON REGARDING THIS REPORT \_\_\_\_\_

TELEPHONE (\_\_\_\_) \_\_\_\_\_ FAX #: (\_\_\_\_) \_\_\_\_\_

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

Enter the tax index number and real estate tax assessed for 2010 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 2010.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. _____	_____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ _____	\$ _____

**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 2010 tax bills which were listed in Section A to this statement. Be sure to use the 2010 tax bill which is normally paid during 2011.

**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 Clinton Manor Living Center, Inc

# 0033159

Report Period Beginning:

01/01/11 Ending:

12/31/11

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 21,794 B. General Construction Type: Exterior Brick Frame Wood, Steel & Contret 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).

N/A

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

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

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

**XI. OWNERSHIP COSTS:**

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing Home</u>	<u>26,669</u>	<u>1987</u>	<u>\$ 66,000</u>	<u>1</u>
2					<u>2</u>
3	<b>TOTALS</b>	<b>26,669</b>		<b>\$ 66,000</b>	<b>3</b>

Facility Name & ID Number Clinton Manor Living Center, Inc# 0033159

Report Period Beginning:

01/01/11

Ending:

12/31/11**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	69		1987	1969	\$ 594,000	\$ 19,800	30	\$ 19,800		\$ 475,202	4
5	12		1991	1991	511,306	17,096	30	17,044	(52)	344,616	5
6											6
7											7
8											8
	<b>Improvement Type**</b>										
9	SPRINKLER		1990		3,140		20			3,143	9
10	LAND IMPROVEMENT		1992		5,410		10			5,410	10
11	BUILDING IMPROVEMENT		1992		37,505	1,629	20,10	1,620	(9)	36,281	11
12	BUILDING IMPROVEMENT		1992		26,098	1,312	20	1,305	(7)	24,895	12
13	CON		1992		3,000		30	100	100	2,000	13
14	BUILDING IMPROVEMENT		1994		12,580	296	20,10	294	(2)	11,939	14
15	PLUMBING		1995		12,200	613	20	610	(3)	10,208	15
16	LANDSCAPING		1997		1,675		10			1,675	16
17	BOILER		1997		8,858		8			8,858	17
18	REMODEL OF DINING ROOM		1997		35,389	1,769	20	1,769		24,920	18
19	HEATING/COOLING SYSTEM		1999		13,826		10			13,826	19
20	FIRE ALARM UPGRADE		2001		2,610	239	10	239		2,610	20
21	FRONT ADDITION		2001		115,835	5,792	20	5,792		58,401	21
22	DINING ROOM REMODEL		2001		84,135	4,207	20	4,207		42,419	22
23	Kitchen Improvements		2004		3,852	197	20	193	(4)	1,491	23
24	Flooring		2004		2,790	279	10	279		2,023	24
25	Laundry Building		2004		106,437	5,322	20	5,322		39,471	25
26	Bathroom Flooring		2005		3,650	183	20	183		1,232	26
27	Concrete		2005		2,367	237	10	237		1,518	27
28	Flooring		2005		3,032	152	20	152		973	28
29	Bathroom Remodel		2005		3,550	177	20	178	1	1,109	29
30	Roof Repairs		2005		4,225	211	20	211		1,338	30
31	Flooring		2006		5,960	298	20	298		1,788	31
32	New A/C Units		2006		6,141	412	15	410	(2)	2,299	32
33	New Office Building		2006		93,901	3,130	30	3,130		16,167	33
34	Flooring		2007		6,293	787	8	787		3,671	34
35	Entrance Canopy		2007		3,765	188	20	188		800	35
36	Replace Roof		2007		36,366	909	40	909		3,712	36

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

See Page 12A, Line 70 for total

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

Facility Name & ID Number Clinton Manor Living Center, Inc

# 0033159

Report Period Beginning:

01/01/11

Ending:

12/31/11

**XI. OWNERSHIP COSTS (continued)**

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37 Range Hood	2008	\$ 8,586	\$ 1,241	7	\$ 1,227	\$ (14)	\$ 4,552	37
38 Alarm System	2008	7,224	903	8	903		2,860	38
39 New Patio	2009	3,346	223	15	223		502	39
40 Sprinkler	2010	33,827	1,353	25	1,353		2,706	40
41 Nursing Cabinets	2010	2,003	134	15	134		179	41
42 New Deck and Siding	2010	11,361	456	25	454	(2)	759	42
43 Hanover Office Building	1997	45,776	1,526	30	1,526		22,253	43
44 Storage Builgind	2011	18,949	122	39	122		122	44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70 TOTAL (lines 4 thru 69)		\$ 1,880,968	\$ 71,193		\$ 71,199	\$ 6	\$ 1,177,928	70

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

Facility Name & ID Number Clinton Manor Living Center, Inc

# 0033159

Report Period Beginning:

01/01/11

Ending:

12/31/11

**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	\$ 216,535	\$ 23,655	\$ 23,655	\$	9	\$ 134,741	71
72	Current Year Purchases	32,694	2,123	2,517	394	9	2,123	72
73	Fully Depreciated Assets	392,658				9	392,649	73
74								74
75	<b>TOTALS</b>	\$ 641,887	\$ 25,778	\$ 26,172	\$ 394		\$ 529,513	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 Use	2003 Ford Van	2003	\$ 40,507	\$	\$	\$	5	\$ 40,507	76
77	Facility Use	2007 Chevy Van	2008	49,936	9,987	9,987		5	39,949	77
78	Facility Use	2008 Dodge Caravan	2009	40,458	8,222	8,092	(130)	5	19,219	78
79	Facility Use	01 Ford F150	2011	6,385	1,064	1,064		5	1,064	79
80	<b>TOTALS</b>			\$ 137,286	\$ 19,273	\$ 19,143	\$ (130)		\$ 100,739	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)		\$ 2,726,141	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)		\$ 116,244	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)		\$ 116,514	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)		\$ 270	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)		\$ 1,808,180	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		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	<b>TOTALS</b>	\$	\$	\$	91

**G. Construction-in-Progress**

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

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

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

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: \_\_\_\_\_

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

\*\*

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  NO

16. Rental Amount for movable equipment: \$ 1,294

Description: Dishwasher Lease

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

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

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. \_\_\_\_\_/2012 \$ \_\_\_\_\_

13. \_\_\_\_\_/2013 \$ \_\_\_\_\_

14. \_\_\_\_\_/2014 \$ \_\_\_\_\_

\* 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><b>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</b></p> <p><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><b>2. CLASSROOM PORTION:</b></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><b>3. CLINICAL PORTION:</b></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		Contract	Total
		1 Drop-outs	2 Completed		
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**

<b>COMPLETED</b>	
1. From this facility	
2. From other facilities (f)	
<b>DROP-OUTS</b>	
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	1 Schedule V Line & Column Reference	2		4	5		6	7	8			
			Staff Units of Service	3 Cost		Outside Practitioner (other than consultant)					Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)
						Units	Cost						
1	Licensed Occupational Therapist	10a-3	hrs	\$		\$ 58,683	\$		\$ 58,683	1			
2	Licensed Speech and Language Development Therapist	10a-3	hrs			31,891			31,891	2			
3	Licensed Recreational Therapist		hrs							3			
4	Licensed Physical Therapist	10a-3	hrs			123,271			123,271	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				28,669		28,669	9			
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)	10-3	hrs			12,880			12,880	10			
11	Academic Education		hrs							11			
12	Other (specify):									12			
13	Other (specify):									13			
14	<b>TOTAL</b>			\$		\$ 226,725	\$ 28,669		\$ 255,394	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.

Facility Name & ID Number Clinton Manor Living Center, Inc# 0033159Report Period Beginning: 01/01/11Ending: 12/31/11

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/11

(last day of reporting year)

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	\$ (344,576)	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	1,407,048		3
4	Supply Inventory (priced at <u>FIFO</u> )	23,830		4
5	Short-Term Investments			5
6	Prepaid Insurance	17,654		6
7	Other Prepaid Expenses	12,844		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Rounding</u>	1		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,116,801	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	(34,707)		12
13	Land	116,387		13
14	Buildings, at Historical Cost	2,413,104		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	807,855		16
17	Accumulated Depreciation (book methods)	(2,093,530)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>CIP</u>	36,629		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 1,245,738	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 2,362,539	\$	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 164,300	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	350,000		29
30	Accrued Salaries Payable	184,822		30
31	Accrued Taxes Payable (excluding real estate taxes)	8,436		31
32	Accrued Real Estate Taxes(Sch.IX-B)	38,819		32
33	Accrued Interest Payable	2,330		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>Payroll Withholdings</u>	(9,694)		36
37	<u>Rounding</u>	1		37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 739,014	\$	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	64,653		39
40	Mortgage Payable	1,061,259		40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	<u>Loans from Shareholders</u>	400,000		43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 1,525,912	\$	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 2,264,926	\$	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 97,613	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 2,362,539	\$	48

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>143,971</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>143,971</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>66,739</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>(157,300)</b>	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe) <b>Net Income from Rental Divisions</b>	<b>44,204</b>	<b>15</b>
<b>16</b>	Other (describe) <b>Rounding</b>	<b>(1)</b>	<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>(46,358)</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>97,613</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	
Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 4,428,925	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 4,428,925	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	116,165	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 116,165	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	11,443	12
13	Barber and Beauty Care		13
14	Non-Patient Meals	2,914	14
15	Telephone, Television and Radio	130	15
16	Rental of Facility Space		16
17	Sale of Drugs	696	17
18	Sale of Supplies to Non-Patients	163	18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry	3,256	22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 18,602	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	2,114	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 2,114	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See List Attached</u>	235,119	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 235,119	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 4,800,925	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	855,393	31
32	Health Care	2,291,437	32
33	General Administration	1,092,690	33
<b>B. Capital Expense</b>			
34	Ownership	236,504	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	109,241	35
36	Provider Participation Fee	148,921	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 4,734,186	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	66,739	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 66,739	43

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

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

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

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

Facility Name & ID Number **Clinton Manor Living Center, Inc**

# **0033159**

Report Period Beginning:

**01/01/11**

Ending:

**12/31/11**

**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	1,984	2,131	\$ 61,747	\$ 28.98	1
2	Assistant Director of Nursing	1,908	2,088	52,726	25.25	2
3	Registered Nurses	3,898	3,978	91,275	22.94	3
4	Licensed Practical Nurses	20,198	21,389	412,576	19.29	4
5	CNAs & Orderlies	25,901	27,135	287,842	10.61	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	1,446	1,516	12,504	8.25	10
11	Social Service Workers	5,464	6,134	95,853	15.63	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	1,977	2,088	34,037	16.30	14
15	Cook Helpers/Assistants	9,109	9,910	113,393	11.44	15
16	Dishwashers	6,769	6,998	59,868	8.56	16
17	Maintenance Workers	5,030	5,334	73,673	13.81	17
18	Housekeepers	11,256	11,989	110,342	9.20	18
19	Laundry	4,575	5,005	49,308	9.85	19
20	Administrator	1,884	2,088	88,013	42.15	20
21	Assistant Administrator					21
22	Other Administrative			58,500		22
23	Office Manager					23
24	Clerical	5,903	6,569	117,638	17.91	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	5,846	6,291	101,898	16.20	28
29	Resident Services Coordinator	1,867	2,088	68,859	32.98	29
30	Habilitation Aides (DD Homes)	60,113	63,421	628,505	9.91	30
31	Medical Records	1,389	1,529	16,560	10.83	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Transportation</u>	3,336	3,561	36,464	10.24	33
34	TOTAL (lines 1 - 33)	179,853	191,242	\$ 2,571,581 *	\$ 13.45	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	136	\$ 6,392	1-3	35
36	Medical Director	Contract	14,400	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant	37	2,310	12-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	173	\$ 23,102		49

**C. CONTRACT NURSES**

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



**XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).**

(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	<b>TOTALS</b>	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Clinton Manor Living Center, Inc# 0033159Report Period Beginning: 01/01/11Ending: 12/31/11**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? \_\_\_\_\_
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. LSN \$1,322.64
- (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? \_\_\_\_\_
- (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? 9
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 26,088 Line 10-2
- (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. \_\_\_\_\_
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 148,921  
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? Yes 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? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 2,914
- (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? Yes If YES, please indicate the amount of income earned from such a program during this reporting period. \$ 16,397  
c. What percent of all travel expense relates to transportation of nurses and patients? 75  
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. \$ \_\_\_\_\_
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: \_\_\_\_\_
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes  
Attach invoices and a summary of services for all architect and appraisal fees

The following is a breakdown of Schedule V Line 6 Column 3

Repairs & Maint. Dietary	\$0.00
Repairs & Maint. Laundry	\$0.00
Repairs & Maint. Housekeeping	\$0.00
Repairs & Maint. Equipment	\$28,561.45
Repairs & Maint. Ground	\$5,139.74
Repairs & Maint. Building	\$15,206.23
Repairs & Maint. Wheelchairs	\$0.00
Repairs & Maint. Outside services	\$24,141.49
Repairs & Maint. Gen/Admin.	\$4,458.76
	<u>\$77,507.67</u>

The following is a breakdown of Schedule V Line 21 Column 3

Printing	\$153.57
Postage	\$3,255.28
Copier	\$4,485.64
Telephone	\$17,863.00
	<u>\$25,757.49</u>

The following is a breakdown of Schedule V Line 36 Column 3

Sales Tax	\$3,175.00
State Replacement Tax	\$2,372.00
Bank & service fees	\$1,488.33
Amortization of Loan Costs	\$509.50
Political Contributions	\$166.16
Rounding	
	<u>\$8,110.99</u>

The following is a breakdown of Schedule V Line 43 Column 3

Bad Debt Expense	\$64,825.00
Contributions	\$2,715.00
	<u>\$67,540.00</u>

The following is a breakdown of Schedule V Line 27 Column 3

Miscellaneous	\$133.80
Meetings Exp.	\$1,701.28
	<u>\$1,835.08</u>

The following is a breakdown of Schedule XVII Line 28a

CSS Labor: Admin. Program	\$37,136.00
CSS Labor: Admin. Assist.	\$9,570.00
CSS Labor: Nursing Labor	\$0.00
CSS Labor: Maintenance	\$0.00
Misc. Revenue	\$4,046.80
Personal Purchases Income	\$73.42
Office Lease	\$22,000.00
Discounts/Rabates	\$1,892.19
In-House Day Training Revenue	\$136,965.58
Gain/Loss on Sale of Asset	\$0.00
Income from Transportation (IDPA Trans. Reptymt)	\$16,396.58
In-service Training Revenue	\$83.03
Education Reimbursement	\$7,855.32
Rounding	
	<u>\$215,118.92</u>

The following is a breakdown of Schedule XIX, Section F

INBA Dues Membership	\$100.00
LEN Dues Membership	\$1,322.64
AANAC Membership	\$110.00
Misc Subscriptions	\$2,443.84
Sec of State Vehicle Licenses	\$370.00
First County BarNew Truck License	\$104.50
IL Assn of RehabMembership	\$5,048.31
Clinton County Food Permit	\$55.00
Klasing License Vehicle Inspections	\$21.00
Vang Software License	\$560.40
State Fire MarshalLicense	\$140.00
Rounding	-\$1.00
	<u>\$10,274.69</u>

The following is a breakdown of Schedule XIX, Section C.

Stepanie KavanaClerical Support	\$150.00
Lindsay Brave Clerical Support	\$186.66
Carfax Auto Support	\$80.35
Anderson ConsultEnergy Consulting	\$1,800.00
	<u>\$2,217.01</u>

Schedule XIII, Section A.

Cha's are responsible for their own training and testing.

Clinton Manor Living Center, Inc.  
01/01/11 thru 12/31/11  
0033159

The following is a breakdown of the reclassifications:

- 1.Reclass \$386.07 from storage to building supplies. Due to supplies being miscoded to w
2. Reclass \$49.64 from Legal to Mileage reimbursement, due to coding error.
3. Reclass \$300.00 from Electric to Professional Fees, due to miscoding Anderson Consulti
- 4 Reclass \$308 from Professional fees to In-Service training, due to miscoding of RTW test
5. Reclass \$645.58 from Professional fees to Pharmacy, due to miscoding Omnicare Pharmacy
6. Reclass \$70.00 From Seminar to 902 Office Supplies, due to coding error.
7. Reclass \$174.71 From Seminar to 902 Office Supplies, due to coding error.
8. Reclass \$28.51 from Seminar to Promotion due to coding error.
9. Reclass \$1262.07 from Seminar to Memberships due to coding error.
10. Reclass \$36.72 from Seminars to Mileage Reimbursement, due to coding error.

11

12

Clinton Manor Living Center, Inc.

01/01/11 thru 12/31/11

0033159

Schedule VII Attachment

Name	Function	Nursing Home	Compensation	
			Ownership Interest	from other Nursing Homes
RDR Management	Management	St. Ann's Healthcare Ctr.	0	\$40,000.00
Greer Management	Management	St. Ann's Healthcare Ctr.	0	\$40,000.00
Mike Greer	Owner	St. Ann's Healthcare Ctr.	25	
Gail Greer	Owner	St. Ann's Healthcare Ctr.	25	
Blain Richard	Owner	St. Ann's Healthcare Ctr.	50	
Dar Mngt	Management	Southern Illinois Comm. Support Se	0	\$20,729.70
Greer Management	Management	Southern Illinois Comm. Support Se	0	\$20,729.70
Advanced Options	Management	Southern Illinois Comm. Support Se	0	\$41,459.45
RDR Management	Management	Southern Illinois Comm. Support Se	0	\$20,729.70

The following is a breakdown of Schedule V Line 24 Column 3

0160 GJ 855 04/11 04/12/11 N U	Sams Discover 529.88	Food	Hotel	Gas		
Ill Nursing Administrator's Seminar, Springfield, IL	Jim & Michael	41.28	256.35	45.71		
		17.14				
		58.42	256.35	45.71		529.88
0130 GJ 902 10/11 1 0/10/11 N U	Sams Discover 1,160.48	Meals	Hotel			
National Pioneer Network	Michael, Cheryl, Darla, Kristie	225.30	870.24	64.94		
		\$225.30	\$870.24	\$64.94		\$1,160.48
0186 GJ 39277 12/11 12/09/11 N U	Sams Discover 593.87	Breakout Not Available				593.87
<b>91720-0-00 GEN/ADM:TRAVEL/SEMINAR-OTHERS</b>						
0016 PRCH AC0127 01/11 01/27/11 N U	CONEY EXPENSES 44.20	Food	Gas			
Food Service Sanitation Course	Gerald Coney	\$20.31	\$23.89			
		\$20.31	\$23.89			\$44.20
0074 PRCH 021711 01/11 01/31/11 N U	CORPO TRAINING 115.00					\$115.00
0095 PRCH MH0207 01/11 02/07/11 N U	HOLTG EXPENSES 65.00	Registration Fee				
Medicare Overview		\$65.00				
0020 PRCH 021720 02/11 02/17/11 N U	NORBE TRAVEL/MEETING	Mileage				
0021 PRCH 022420 02/11 02/24/11 N U	NORBE TRAVEL/MEETING	17.34				
	Food Sanitation Course	17.34				
		34.68				
0133 GJ 852 03/11 03/31/11 N U	AADD 780.00	Flight	Meals	Taxi	Parking	
Michael, Jim	\$338.80	\$54.35	\$70.00	\$11.95		
	\$338.80	\$54.35	\$70.00	\$11.95		
		\$475.10				\$780.00
0166 GJ 858 04/11 04/13/11 N U	WPS Medicare 230.00	Hotel				
Margie Holtgrave	Kristie Green (Cancelled)	\$230.00				
0170 GJ 860 04/11 04/19/11 N U	Hitz Memorial Home 62.00	Registration Fee				
Roxanne Bickner		\$62.00				
0109 GJ 878 06/11 06/22/11 N U	Area Agency On Aging 100.00	Registration Fee				
Cheryl Smith		\$100.00				
0064 GJ 39049 08/11 08/05/11 N U	MC5 40.00	Registration Fee				
Michael & Cheryl		\$40.00				
0097 GJ 39063 08/11 08/10/11 N U	Capital One 1,130.00	Registration Fee				
Mara Jackson, Michael, Jim, Gerald		\$1,130.00				
0142 GJ 39090 08/11 08/26/11 N U	Illinois Pioneer Coali 1,431.00	Hotel	Meals			
Michael, Cheryl, Dan, Darla, Mara	Kristie, Gerald, Trishia, Ashley	1101.91	329.09			
		1101.91	329.09			\$1,431.00
0259 GJ 896 09/11 09/23/11 N U	Illinois Pioneer Coali 378.00	Registration Fee				
		\$378.00				
0012 PRCH AC1220 01/11 12/31/11 N S	CONEY EXPENSES -22.43	Reimbursement for Meals				-22.43
Total						\$6,671.68

Clinton Manor Living Center, Inc.  
01/01/11 thru 12/31/11

The following is a breakdown of Schedule V Line 23 Column 3

2/4/2011	Professional Services	\$39.95	Hab-Tech Training
2/10/2011	Professional Services	\$239.70	Hab-Tech Training
2/10/2011	Sams	\$157.18	In-Service Supplies
2/18/2011	JJ Keller	\$30.81	In-Service Supplies
2/28/2011	Petty Cash	\$30.39	In-Service Supplies
3/11/2011	Professional Services	\$39.95	Hab-Tech Training
3/11/2011	Sams	\$52.00	In-Service Supplies
3/26/2011	Contemporary Life Saving Training	\$20.00	CPR Triainig
3/31/2011	Petty Cash	\$41.32	In-Service Supplies
4/25/2011	Alzhemier Association	\$1,452.00	Training
4/30/2011	Professional Services	\$39.95	Hab-Tech Training
4/30/2011	Petty Cash	\$16.00	In-Service Supplies
5/5/2011	Professional Services	\$39.95	Hab-Tech Training
5/11/2011	Sams	\$500.22	In-Service Supplies
5/31/2011	Sams	\$50.00	In-Service Supplies
5/31/2011	Petty Cash	\$39.97	In-Service Supplies
6/20/2011	Andrea Hudson	\$25.27	In-Service Supplies
6/20/2011	Professional Services	\$39.95	Hab-Tech Training
6/20/2011	Contemporary Life Saving Training	\$600.00	CPR Triainig
6/22/2011	G. Neil	\$59.99	In-Service Supplies
6/29/2011	Joan Brave	\$100.00	In-Service Supplies
6/29/2011	Kathy Markus	\$300.00	In-Service Supplies
6/30/2011	Petty Cash	\$20.00	In-Service Supplies
7/11/2011	Sams	\$499.27	In-Service Supplies
7/12/2011	Professional Services	\$39.95	Hab-Tech Training
7/31/2011	Petty Cash	\$62.96	In-Service Supplies
8/3/2011	Professional Services	\$39.95	Hab-Tech Training
8/5/2011	Contemporary Life Saving Training	\$37.50	CPR Triainig
8/10/2011	Capital One	\$30.00	In-Service Supplies
8/17/2011	Office Depot	\$143.10	In-Service Supplies
8/31/2011	Petty Cash	\$148.94	In-Service Supplies
9/6/2011	Channing Bete	\$177.19	In-Service Supplies
9/7/2011	Professional Services	\$39.95	Hab-Tech Training
9/8/2011	Ingenix	\$226.60	In-Service Supplies
9/8/2011	Contemporary Life Saving Training	\$80.00	CPR Triainig
9/23/2011	Lorman Education	\$329.00	In-Service Supplies
10/3/2011	Professional Services	\$39.95	Hab-Tech Training
10/13/2011	Ingenix	\$146.91	In-Service Supplies
10/30/2011	Contemporary Life Saving Training	\$20.50	CPR Triainig
10/31/2011	Petty Cash	\$35.23	In-Service Supplies
11/1/2011	Professional Services	\$11.75	Hab-Tech Training
11/2/2011	Professional Services	\$39.95	Hab-Tech Training
11/30/2011	Petty Cash	\$39.95	In-Service Supplies
12/8/2011	Professional Services	\$39.95	Hab-Tech Training
12/8/2011	Andrea Coney	\$100.00	In-Service Supplies
12/9/2011	Sams	\$95.00	In-Service Supplies
4/20/2011	Kaskaskia College	\$752.00	Tuition
7/15/2011	Cheryl Smith	\$60.00	Books
7/26/2011	Kaskaskia College	\$23.00	Books
2/22/2011	Quill	\$237.29	Books
5/24/2011	Cheryl Smith	\$106.14	Books
Reclass	RTWIN	\$308.00	RTW Testing Fees
		<u>\$7,844.63</u>	