



Facility Name & ID Number Clinton Manor Living Center

# 0033159 Report Period Beginning: 01/01/13 Ending: 12/31/13

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds \_\_\_\_\_

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	35	Skilled (SNF)	35	12,775	1
2		Skilled Pediatric (SNF/PED)			2
3	4	Intermediate (ICF)	4	1,460	3
4	51	Intermediate/DD	51	18,615	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	9,365	3,382	897	13,644	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD	17,925			17,925	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	27,290	3,382	897	31,569	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 96.10%

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 897

Medicare Intermediary Mutual of Omaha

IV. ACCOUNTING BASIS

ACCRAUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/13 Fiscal Year: 12/31/13

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

Facility Name &amp; ID Number

Clinton Manor Living Center

# 0033159

Report Period Beginning:

01/01/13

Ending:

12/31/13

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	226,431	16,457	4,724	247,612		247,612		247,612		1
2	Food Purchase		181,520		181,520		181,520	(2,864)	178,656		2
3	Housekeeping	84,483	18,698	180	103,361		103,361		103,361		3
4	Laundry	72,206	5,804	2,092	80,102		80,102		80,102		4
5	Heat and Other Utilities			76,753	76,753		76,753	(680)	76,073		5
6	Maintenance	88,992	31,621	61,681	182,294		182,294		182,294		6
7	Other (specify):*							(24,000)	(24,000)		7
8	<b>TOTAL General Services</b>	472,112	254,100	145,430	871,642		871,642	(27,544)	844,098		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	1,801,457	188,241	17,939	2,007,637		2,007,637	(781)	2,006,856		10
10a	Therapy			159,998	159,998		159,998		159,998		10a
11	Activities	25,327	32,404		57,731		57,731		57,731		11
12	Social Services	179,829		2,309	182,138		182,138	(40,512)	141,626		12
13	CNA Training										13
14	Program Transportation		21,141		21,141	19	21,160		21,160		14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	2,006,613	241,786	194,646	2,443,045	19	2,443,064	(41,293)	2,401,771		16
	<b>C. General Administration</b>										
17	Administrative	215,339		57,000	272,339		272,339	(57,000)	215,339		17
18	Directors Fees										18
19	Professional Services			230,414	230,414	6,427	236,841	(57,000)	179,841		19
20	Dues, Fees, Subscriptions & Promotions			53,107	53,107	2,625	55,732	(32,282)	23,450		20
21	Clerical & General Office Expenses	137,971	18,584	38,840	195,395		195,395	(10,440)	184,955		21
22	Employee Benefits & Payroll Taxes			482,438	482,438		482,438		482,438		22
23	Inservice Training & Education			15,031	15,031	(6,455)	8,576		8,576		23
24	Travel and Seminar			9,709	9,709	(2,622)	7,087		7,087		24
25	Other Admin. Staff Transportation		2,442		2,442		2,442		2,442		25
26	Insurance-Prop.Liab.Malpractice			40,521	40,521		40,521		40,521		26
27	Other (specify):*			15,583	15,583	6	15,589	(9,196)	6,393		27
28	<b>TOTAL General Administration</b>	353,310	21,026	942,643	1,316,979	(19)	1,316,960	(165,918)	1,151,042		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	2,832,035	516,912	1,282,719	4,631,666		4,631,666	(234,755)	4,396,911		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.

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			120,329	120,329			(108)	120,221			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			91,853	91,853			(8,159)	83,694			32
33	Real Estate Taxes			22,846	22,846				22,846			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			4,968	4,968				4,968			35
36	Other (specify):*			1,743	1,743			(1,743)				36
37	<b>TOTAL Ownership</b>			241,739	241,739			(10,010)	231,729			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		31,888		31,888				31,888			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops		11,131		11,131				11,131			41
42	Provider Participation Fee			235,941	235,941				235,941			42
43	Other (specify):*			57,769	57,769			(57,769)				43
44	<b>TOTAL Special Cost Centers</b>		43,019	293,710	336,729			(57,769)	278,960			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	2,832,035	559,931	1,818,168	5,210,134		5,210,134	(302,534)	4,907,600			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

# 0033159

Report Period Beginning: 01/01/13

Ending: 12/31/13

**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	(2,377)	2		4
5	Telephone, TV & Radio in Resident Rooms	(680)	5		5
6	Rented Facility Space	(24,000)	7		6
7	Sale of Supplies to Non-Patients	(781)	10		7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(108)	30		9
10	Interest and Other Investment Income	(8,159)	32		10
11	Discounts, Allowances, Rebates & Refunds	(487)	2		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(4,540)	27		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	(3,250)	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	(54,519)	43		24
25	Fund Raising, Advertising and Promotional	(32,282)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(2,944)	27		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(54,407)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	<b>\$ (188,534)</b>		<b>\$</b>	<b>30</b>

**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>	<b>\$</b>		<b>36</b>
	(sum of SUBTOTALS)			
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	<b>\$ (188,534)</b>		<b>37</b>

\*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>			<b>\$</b>		<b>47</b>

BHF USE ONLY						
48		49		50		51
						52

Clinton Manor Living Center

ID# 0033159

Report Period Beginning: 01/01/13

Ending: 12/31/13

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Bank fees	\$ (1,712)	27	1
2	Amortization of Loan Costs	(1,743)	36	2
3	CSS Labor-Admin Progr.	(40,512)	12	3
4	CSS Labor-Admin Asst	(10,440)	21	4
5	Non-care related Legal Expenses		19	5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>		(54,407)	49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Clinton Manor Living Center# 0033159

Report Period Beginning:

01/01/13

Ending:

12/31/13

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(2,864)	0	0	0	0	0	0	0	0	0	0	(2,864)	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	(680)	0	0	0	0	0	0	0	0	0	0	(680)	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	(24,000)	0	0	0	0	0	0	0	0	0	0	(24,000)	7
8	<b>TOTAL General Services</b>	<b>(27,544)</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>(27,544)</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	(781)	0	0	0	0	0	0	0	0	0	0	(781)	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	(40,512)	0	0	0	0	0	0	0	0	0	0	(40,512)	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>(41,293)</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>(41,293)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	(57,000)	0	0	0	0	0	0	0	0	0	(57,000)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	(57,000)	0	0	0	0	0	0	0	0	0	(57,000)	19
20	Fees, Subscriptions & Promotions	(32,282)	0	0	0	0	0	0	0	0	0	0	(32,282)	20
21	Clerical & General Office Expenses	(10,440)	0	0	0	0	0	0	0	0	0	0	(10,440)	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):*	(9,196)	0	0	0	0	0	0	0	0	0	0	(9,196)	27
28	<b>TOTAL General Administration</b>	<b>(51,918)</b>	<b>(114,000)</b>	<b>0</b>	<b>(165,918)</b>	<b>28</b>								
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(120,755)</b>	<b>(114,000)</b>	<b>0</b>	<b>(234,755)</b>	<b>29</b>								

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Clinton Manor Living Center# 0033159

Report Period Beginning:

01/01/13

Ending:

12/31/13

## 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	(108)	0	0	0	0	0	0	0	0	0	0	(108)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(8,159)	0	0	0	0	0	0	0	0	0	0	(8,159)	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):*	(1,743)	0	0	0	0	0	0	0	0	0	0	(1,743)	36
37	<b>TOTAL Ownership</b>	<b>(10,010)</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>(10,010)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	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):*	(57,769)	0	0	0	0	0	0	0	0	0	0	(57,769)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(57,769)</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>(57,769)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(188,534)	(114,000)	0	0	0	0	0	0	0	0	0	(302,534)	45

**VII. RELATED PARTIES**

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
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:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	17 Management	\$ 57,000	Brave Management	0.00%	\$	\$ (57,000)	1
2	V	19 Management	57,000	D. A. Reis LLC	0.00%		(57,000)	2
3	V	19 Data Processing	24,057	WDM Computer Services, Inc.	0.00%	24,057		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		\$ 138,057			\$ 24,057	\$ * (114,000)	14

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

Facility Name & ID Number

Clinton Manor Living Center

# 0033159

Report Period Beginning:

01/01/13

Ending:

12/31/13

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 & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/13 Ending: 12/31/13

## 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	19,549	17-1	2
3	Ann Reis	n/a	Owner	25.00	0	0	0.00	n/a		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	91,290	17-1	5
6	RDR Mngmt	Management	Management	0.00	0	5	12.00	Mngt Fees	57,000	19-3	6
7	DAR Mngt	Management	Management	0.00	0	5	12.00	Mngt Fees	57,000	19-3	7
8	Greer Mngt	Management	Management	0.00	0	5	12.00	Mngt Fees	57,000	19-3	8
9	Brave, Inc.	Management	Management	0.00	0	5	12.00	Mngt Fees	57,000	17-3	9
10	Gail Greer	n/a	Owner	12.50		0	0.00	Wages	9,774	17-1	10
11	See Attached List (Pg 28)										11
12											12
13								TOTAL	\$ 377,863		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

# 0033159

Report Period Beginning:

01/01/13

Ending: 12/31/13

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

Name of Related Organization \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	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	<b>TOTALS</b>				\$	\$		\$	25

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

**A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)**

1	Name of Lender	2		3	4	5	6		8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required				Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO										Original	Balance			
<b>A. Directly Facility Related</b>																	
<b>Long-Term</b>																	
1	First National Bank		X	Construction	\$952.45	12/19/03	\$ 95,000	\$ 7,491	08/15/14	4.5000	\$ 589						
2	First National Bank		X	New Storage Shed	\$1,177.54	12/16/11	18,949	90,062	01/16/17	5.1250	4,408						
3	First National Bank		X	Refinance & 2nd Mortgage	\$12,684.00	12/31/06	1,305,581	1,124,986	11/07/17	5.1250	50,439						
4	First County Bank		X	Auto Loan	\$746.00	01/24/08	45,000	551	01/24/14	5.9000	302						
5	GMAC		X	Auto Loan	\$583.33	08/31/09	35,000	4,667	08/31/14	0.0000							
<b>Working Capital</b>																	
6	First National Bank		X	Cash Flow	Interest Only	09/27/07	175,000	300,000	11/06/13	various	11,022						
7	Owners	X		Cash Flow	Interest Only	04/13/07	48,000	400,000	12/31/12	5.2500	21,000						
8	First County Bank		x	Cash Flow	\$1,090.94	11/13/13	150,000	148,731	11/13/16	3.7500	4,093						
9	<b>TOTAL Facility Related</b>				\$17,234.26		\$ 1,872,530	\$ 2,076,488			\$ 91,853						
<b>B. Non-Facility Related*</b>																	
10											10						
11											11						
12											12						
13											13						
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$						
15	<b>TOTALS (line 9+line14)</b>						\$ 1,872,530	\$ 2,076,488			\$ 91,853						

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.)



## 2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Clinton Manor Living Center COUNTY Clinton

FACILITY IDPH LICENSE NUMBER 0033159

CONTACT PERSON REGARDING THIS REPORT Michael Brave

TELEPHONE 618-588-2066 FAX #: 618-588-4611

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

Enter the tax index number and real estate tax assessed for 2012 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 2012.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>11-10-18-178-002</u>	<u>Nursing Home</u>	\$ <u>17,645.64</u>	\$ <u>17,645.64</u>
2. <u>11-10-18-175-023</u>	<u>Office Building</u>	\$ <u>2,260.31</u>	\$ <u>2,260.31</u>
3. <u>11-10-18-175-024</u>	<u>Nursing Home Offices</u>	\$ <u>2,308.26</u>	\$ <u>2,308.26</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>22,214.21</u></u>	\$ <u><u>22,214.21</u></u>

**B. Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?                 YES                 NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the original 2012 tax bills which were listed in Section A to this statement. Be sure to use the 2012 tax bill which is normally paid during 2013.

**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

# 0033159 Report Period Beginning:

01/01/13 Ending:

12/31/13

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 21,794 B. General Construction Type: Exterior Brick Frame Wood, Steel, Concrete 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:**

A. Land.

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

Facility Name &amp; ID Number Clinton Manor Living Center

# 0033159

Report Period Beginning:

01/01/13

Ending:

12/31/13

**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		\$ 514,801	4
5	12		1991	1991	511,306	17,096	30	17,044	(52)	378,808	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		20,10			37,505	11
12		BUILDING IMPROVEMENT	1992		26,098		20			26,098	12
13		CON	1992		3,000		30	100	100	2,200	13
14		BUILDING IMPROVEMENT	1994		12,580	296	20,10	294	(2)	12,531	14
15		PLUMBING	1995		12,200	613	20	610	(3)	11,434	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		28,458	18
19		HEETING/COOLING SYSTEM	1999		13,826		10			13,826	19
20		FIRE ALARM UPGRADE	2001		2,610		10			2,610	20
21		FRONT ADDITION	2001		115,835	5,792	20	5,792		69,985	21
22		DINING ROOM REMODEL	2001		84,135	4,207	20	4,207		50,833	22
23		Kitchen Improvements	2004		3,852	197	20	193	(4)	1,885	23
24		Flooring	2004		2,790	279	10	279		2,581	24
25		Laundry Building	2004		106,437	5,322	20	5,322		50,114	25
26		Bathroom Flooring	2005		3,650	183	20	183		1,597	26
27		Concrete	2005		2,367	237	10	237		1,992	27
28		Flooring	2005		3,032	152	20	152		1,276	28
29		Bathroom Remodel	2005		3,550	177	20	178	1	1,464	29
30		Roof Repairs	2005		4,225	211	20	211		1,760	30
31		Flooring	2006		5,960	298	20	298		2,384	31
32		New A/C Units	2006		6,141	412	15	410	(2)	3,122	32
33		New Office Building	2006		93,901	3,130	30	3,130		22,428	33
34		Flooring	2007		6,293	787	8	787		5,245	34
35		Entrance Canopy	2007		3,765	188	20	188		1,177	35
36		Replace Roof	2007		36,366	909	40	909		5,530	36

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

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

See Page 12A, Line 70 for total

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Range Hood	2008	\$ 8,586	\$ 1,241	7	\$ 1,227	\$ (14)	\$ 7,034	37
38	Alarm System	2008	7,224	903	8	903		4,666	38
39	New Patio	2009	3,346	223	15	223		948	39
40	Sprinkler	2010	33,827	1,353	25	1,353		5,412	40
41	Nursing Cabinets	2010	2,003	134	15	134		448	41
42	New Deck and Siding	2010	11,361	456	25	454	(2)	1,671	42
43	Hanover Office Building	1997	45,776	1,526	30	1,526		25,304	43
44	Storage Builgind	2011	18,949	486	39	486		1,094	44
45	Fire Door	2012	4,152	106	39	106		204	45
46	Accessibility System	2013	4,265	160	20	160		160	46
47	Shower Room 1-Plumbing	2013	8,900	152	39	152		152	47
48	Shower Room 1-Labor	2013	4,019	69	39	69		69	48
49	Shower Room 1-Materials	2013	4,836	83	39	83		83	49
50	Shower Room 1-Tile	2013	8,659	148	39	148		148	50
51	Shower Room 1-Drawings	2013	415	7	39	7		7	51
52	Shower room 2-Plumbing	2013	5,166	66	39	66		66	52
53	Shower Room 2-Labor	2013	3,690	47	39	47		47	53
54	Shower Room 2-Materials	2013	4,686	60	39	60		60	54
55	Shower Room 2-Electric	2013	3,510	45	39	45		45	55
56	Shower Room 2-Tile	2013	8,876	114	39	114		114	56
57	Shower Room 2-Crawings	2013	415	5	39	5		5	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	<b>TOTAL (lines 4 thru 69)</b>		\$ 1,942,555	\$ 69,439		\$ 69,461	\$ 22	\$ 1,318,467	70

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

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	\$ 287,213	\$ 36,043	\$ 36,043	\$	9	\$ 162,185	71
72	Current Year Purchases	31,988	5,348	5,348	0	8	1,068	72
73	Fully Depreciated Assets	433,990				9	433,982	73
74								74
75	TOTALS	\$ 753,191	\$ 41,391	\$ 41,391	\$ 0		\$ 597,235	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				5	49,936	77
78	Facility Use	2008 Dodge Caravan	2009	40,458	8,222	8,092	(130)	5	35,662	78
79	Facility Use	01 Ford F150	2011	6,385	1,277	1,277		5	3,618	79
80	TOTALS			\$ 137,286	\$ 9,499	\$ 9,369	\$ (130)		\$ 129,723	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)	\$ 2,899,032	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 120,329	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 120,221	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (108)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,045,425	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	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	Proposed SLF	\$ 37,129	92
93			93
94			94
95		\$ 37,129	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.

Facility Name & ID Number Clinton Manor Living Center

# 0033159

Report Period Beginning: 01/01/13

Ending: 12/31/13

**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

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

13. \_\_\_\_\_ /2015 \$ \_\_\_\_\_

14. \_\_\_\_\_ /2016 \$ \_\_\_\_\_

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: \$ 4,968 Description: Dishwasher Rental (\$1,186.24), Bed Rental (\$3,433.50), Copier (\$347.85)

(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

\* 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.

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/13 Ending: 12/31/13  
**XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)**

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</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		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

<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	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	10a-3	hrs	\$	51,199	\$ 59,182	\$	51,199	\$ 59,182	1
2	Licensed Speech and Language Development Therapist	10a-3	hrs		13,007	16,416		13,007	16,416	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a-3	hrs		66,112	77,282		66,112	77,282	4
5	Physician Care		visits							5
6	Dental Care	10a-3	visits			2,238			2,238	6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39-2	# of prescrpts				99,612		99,612	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)	10-3	hrs		243	12,125		243	12,125	10
11	Academic Education		hrs							11
12	Other (specify): <u>Psychiatric Services</u>	10-3				1,023			1,023	12
13	Other (specify):									13
14	<b>TOTAL</b>			\$	130,561	\$ 168,266	\$ 99,612	130,561	\$ 267,878	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.

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>158,250</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>158,250</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>110,581</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>(191,510)</b>	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe) <b>Net Rental Divisions</b>	<b>15,769</b>	<b>15</b>
<b>16</b>	Other (describe) <b>ROUNDING</b>		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>(65,160)</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>93,090</b>	<b>24</b> *

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

Facility Name & ID Number Clinton Manor Living Center

# 0033159

Report Period Beginning: 01/01/13

Ending:

12/31/13

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/13 (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	\$ 147,588	\$	1
2	Cash-Patient Deposits	60		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (75,291) )	1,084,239		3
4	Supply Inventory (priced at FIFO )	22,434		4
5	Short-Term Investments			5
6	Prepaid Insurance	23,139		6
7	Other Prepaid Expenses	18,665		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>	\$ 1,296,126	\$	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments	(44,335)		12
13	Land	116,387		13
14	Buildings, at Historical Cost	2,769,547		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,045,623		16
17	Accumulated Depreciation (book methods)	(2,380,429)		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 (spec <u>Loan Org Costs</u> )	6,681		22
23	Other(specify): <u>CIP</u>	37,129		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 1,550,603	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 2,846,729	\$	25

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 179,649	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	300,000		29
30	Accrued Salaries Payable	212,099		30
31	Accrued Taxes Payable (excluding real estate taxes)	3,999		31
32	Accrued Real Estate Taxes(Sch.IX-B)	44,619		32
33	Accrued Interest Payable	4,850		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>Payroll Withholdings</u>	(13,870)		36
37	<u>Rounding</u>	(1)		37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 731,345	\$	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable	251,502		39
40	Mortgage Payable	1,370,792		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>	\$ 2,022,294	\$	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 2,753,639	\$	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 93,090	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 2,846,729	\$	48

\*(See instructions.)

**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	
<b>I. Revenue</b>		<b>Amount</b>	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 4,934,565	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 4,934,565	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	102,147	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 102,147	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	11,438	12
13	Barber and Beauty Care		13
14	Non-Patient Meals	2,377	14
15	Telephone, Television and Radio	680	15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients	781	18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry	2,420	22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 17,696	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	8,159	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 8,159	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See List Attached</u>	258,148	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 258,148	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 5,320,715	30

		2	
<b>II. Expenses</b>		<b>Amount</b>	
<b>A. Operating Expenses</b>			
31	General Services	871,642	31
32	Health Care	2,443,064	32
33	General Administration	1,316,960	33
<b>B. Capital Expense</b>			
34	Ownership	241,739	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	86,649	35
36	Provider Participation Fee	250,080	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 5,210,134	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	110,581	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 110,581	43

<b>III. Net Inpatient Revenue detailed by Payer Source</b>			
44	Medicaid - Net Inpatient Revenue	\$ 1,080,256	44
45	Private Pay - Net Inpatient Revenue	476,561	45
46	Medicare - Net Inpatient Revenue	408,351	46
47	Other-(specify) <u>MEDICAID DD</u>	2,969,397	47
48	Other-(specify)		48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 4,934,565	49

\* 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

# 0033159

Report Period Beginning:

01/01/13

Ending:

12/31/13

**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	1,877	2,088	\$ 61,322	\$ 29.37	1
2	Assistant Director of Nursing	1,641	1,801	41,894	23.26	2
3	Registered Nurses	3,802	4,072	88,162	21.65	3
4	Licensed Practical Nurses	21,478	22,794	436,122	19.13	4
5	CNAs & Orderlies	28,781	30,161	310,097	10.28	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	2,754	2,824	25,327	8.97	10
11	Social Service Workers	3,919	4,259	61,088	14.34	11
12	Dietician					12
13	Food Service Supervisor	1,928	2,113	42,325	20.03	13
14	Head Cook					14
15	Cook Helpers/Assistants	6,782	7,591	88,761	11.69	15
16	Dishwashers	10,097	10,533	95,345	9.05	16
17	Maintenance Workers	5,563	5,904	88,992	15.07	17
18	Housekeepers	8,790	9,240	84,483	9.14	18
19	Laundry	6,901	7,452	72,206	9.69	19
20	Administrator	1,949	2,148	73,017	33.99	20
21	Assistant Administrator					21
22	Other Administrative	1,635	1,922	142,322	74.05	22
23	Office Manager					23
24	Clerical	6,984	7,661	137,971	18.01	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	7,707	8,495	127,035	14.95	28
29	Resident Services Coordinator	1,888	2,088	45,048	21.57	29
30	Habilitation Aides (DD Homes)	60,990	65,247	675,293	10.35	30
31	Medical Records	1,404	1,510	16,855	11.16	31
32	Other Health C: <u>Ex Director</u>	1,857	2,088	73,692	35.29	32
33	Other(specify) <u>Transportation</u>	3,826	4,098	44,678	10.90	33
34	TOTAL (lines 1 - 33)	192,553	206,089	\$ 2,832,035 *	\$ 13.74	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	101	\$ 4,724	1-3	35
36	Medical Director	Contract	14,400	9-3	36
37	Medical Records Consultant	8	440	10-3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Consultant	2,048	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant	38	2,309	12-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	146	\$ 23,921		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# 0033159

Report Period Beginning:

01/01/13

Ending:

12/31/13**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. IARF \$5,893.26, LSN \$1,539.12
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? \_\_\_\_\_
- (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? 8
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 52,858 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. \$ 235,941  
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. \$ 2,377
- (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. \$ 24,748
- c. What percent of all travel expense relates to transportation of nurses and patients? 80
- 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? No  
Attach invoices and a summary of services for all architect and appraisal fees.

Clinton Manor Living Center, Inc.  
01/01/13 thru 12/31/13  
0033159

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

Repairs & Maint. Dietary	\$0.00
Repairs & Maint. Laundry	\$346.23
Repairs & Maint. Housekeeping	\$0.00
Repairs & Maint. Outside services	\$24,379.59
Repairs & Maint. Building	\$19,133.18
Repairs & Maint. Equipment	\$11,168.09
Repairs & Maint. Wheelchairs	\$246.23
Repairs & Maint. Ground	\$1,283.49
Repairs & Maint. Gen/Amdin.	\$5,124.08
	<u>\$61,680.89</u>

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

Telephone	\$20,779.33
Copier	\$14,053.40
Printing Exp.	\$269.15
Postage	\$3,738.24
	<u>\$38,840.12</u>

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

Amortization of Loan Costs	\$1,742.88
Political Contributions	\$0.00
Rounding	
	<u>\$1,742.88</u>

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

Bad Debt Expense	\$54,519.50
Contributions	\$3,250.00

\$57,769.50

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

Sales Tax	\$4,540.00
State Replacement Tax	\$2,944.00
Meetings Exp, (food)	\$4,743.11
Misc Exp	\$1,643.34
Bank Fees	\$1,712.42
	<u>\$15,582.87</u>

The following is a breakdown of Schedule V Line 25 Column 2

Mileage reimbursement (administrative)	<u>\$2,442.08</u>
(See List Attached)	<u>\$2,442.08</u>

The following is a breakdown of Schedule XVII Line 28a

CSS Labor: Admin. Program	\$40,512.00
CSS Labor: Admin. Assist.	\$10,440.00
CSS Labor: Nursing Labor	\$0.00
CSS Labor: Maintenance	\$0.00
Friends of the CIS	\$18,508.86
Misc. Revenue	\$8,728.92
Personal Purchases Inome	\$110.00
Office Lease	\$24,000.00
Discounts/Rabates	\$487.44
In-House Day Training Revenue	\$114,827.47
Gain/Loss on Sale of Asset	\$0.00
Income from Transportation (IDPA Trans. Repymt)	\$24,747.84

In-service Training Revenue	\$0.00
Education Reimbursement	\$15,773.48
Activity Income	\$13.97
Rounding	-\$2.00
	<u>\$258,147.98</u>

The following is a breakdown of Schedule XIX, Section F

IHCA	Membership	\$3,150.00
LSN Dues	Membership	\$1,539.12
INHAA	Membership	\$200.00
IARF	Membership	\$5,893.26
Misc Subscriptions	Subscriptions	\$1,150.00
American Association of Nursing	Membership	\$110.00
SHRM.org	Membership	\$365.00
Sams	Membership	\$22.50
Sec of State	Vehicle Licenses	\$608.25
Sec of State	Annual Corporate Report	\$200.00
Klasing License	New Truck License	\$55.00
IL Dept of Public Health	Sanitation Licenses	\$105.00
Illinois Professional License	Licenses	\$369.00
Clinton County Health Department	County Food Permit	\$55.00
Computype	Software License	\$378.35
Rounding		-\$1.00
		<u>\$14,199.48</u>

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

Margeret Bauer	Software Consultant	\$1,776.00
RTW, Inc	Clerical Support	\$1,683.50
Anderson Conulting	Energy Consulting	\$1,800.00
Hartford/Mass Mu	Retirement Plan Admin	\$960.95
IL Pioneer Coalition		\$200.00
Clinton County		\$103.50
Accumed	Software Support	\$467.00
SigmaCare	Software Support	\$18,613.30

Rounding

\$25,604.25

Schedule XIII, Section A.

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

Clinton Manor Living Center, Inc.

01/01/13 thru 12/31/13

0033159

The following is a breakdown of the reclassifications:

1. Reclass \$19.04 from Background checks to Mileage due to coding error.
2. Reclass \$378.35 from Software Support to License & Fees due to coding error.
3. Reclass \$2,266.30 from Seminar to Dues due to coding error.
4. Reclass \$5.84 from seminar to Meetings Exp - meals due to coding error.
5. Reclass \$350.00 from Seminar to In-service training due to coding error.
6. Reclass \$6,805.00 from Training to Professional fees due to Mich Peer Review being originally coded to Training.
7. Reclass \$
8. Reclass \$
- 9.
- 10
- 11
- 12

Clinton Manor Living Center, Inc.

01/01/13 thru 12/31/13

0033159

Schedule VII Attachment

Name	Function	Nursing Home	Compensation		
			Ownership Interest	from other Nursing Homes	Interest Income
D.A. Reis LLC	Management	Southern Illinois Comm. Support Services.	0	\$28,209.49	
Greer Management	Management	Southern Illinois Comm. Support Services.	0	\$28,207.49	
Advanced Options	Management	Southern Illinois Comm. Support Services.	0	\$56,419.00	
RDR Management	Management	Southern Illinois Comm. Support Services.	0	\$28,209.49	
David Reis	Owner	Southern Illinois Living Center, Inc.	25		\$5,250.00
Gail Greer	Owner	Southern Illinois Living Center, Inc.	12.5		\$2,625.00
Mike Greer	Owner	Southern Illinois Living Center, Inc.	12.5		\$2,625.00
Michael Brave	Owner	Southern Illinois Living Center, Inc.	25		\$5,250.00
Blain Richard	Owner	Southern Illinois Living Center, Inc.	25		\$5,250.00

Clinton Manor Living Center, Inc.  
01/01/13 thru 12/31/13  
0033159

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

Date	Seminar	Location/Materials	Who Attended	Registration/Materials	Airfare/Mila	Perdiem	Meals	Hotel	Other		Total
1/31/13	ANFP Dietary Exam	St Louis Mo	Gerald Coney	\$399.00					\$155.00	Certificate	\$554.00
1/31/2013	Medicaid Rugs20	Champaign Il	Darla Loomis	\$400.00							\$400.00
			Mara Jackson								\$0.00
2/27/2013	Leading Edge Mo 01	St Louis Mo	Michael Brave	\$450.00							\$450.00
			Cheryl Smith								\$0.00
			Darla Loomis								\$0.00
4/24/2013	IARF Dialogue to DecisionSymposium	Springfield Il.	Mbrave	\$59.00							\$59.00
	ACA Health Ins										\$0.00
4/11/2013	Il. Pioneer Coalition	Mt Vernon Il;	Cheryl Smith	\$120.00							\$120.00
			Mara Jackson								\$0.00
			Nicole Swink								\$0.00
5/1-2/2013	Bloom Where you Are Planted	Columbia,Mo	Mbrave	\$225.00			\$97.26	\$200.00			\$522.26
											\$0.00
5/31/2013	Institute Board Meeting	Joliet Il.	M Brave				\$61.49	\$90.40			\$151.89
			J Lopresto								\$0.00
6/11/2013	DD Symposium	Springfield,Il	Cheryl Smith	\$375.00							\$375.00
			Darla Loomis								\$0.00
			Rita Hicks								\$0.00
6/18/2013	Employer Wellness Forum	Mt Vernon,Il.	Joan Varel	\$20.00	\$94.08						\$114.08
											\$0.00
6/26/2013	Access Training	Columbia, Il.	Peggy Litteken		\$194.88			\$243.28			\$438.16
7/11/2013	HIPPA/Security	Effingham,Il	J Varel	\$380.00							\$380.00
	Rules IHCA		Rita Hicks								\$0.00
			C VanNess								\$0.00
			Jessica Jarrel								\$0.00
7/24/2013	WPS Medicare	Bloomington IL	Margie Holtgrave	\$84.00	\$187.58		\$25.71	\$94.86			\$392.15
9/11/2013	Holiday Inn Institute Retreat	Chicago, Il Bolingbrook,Il	Mbrave					\$264.62			\$264.62
											\$0.00
9/20/2013	IPC			\$960.00							\$960.00
9/27/2013	Contendinstitute Positive Emotions & Wellness	Fairview Heights, Il		\$169.00							\$169.00
											\$0.00
											\$0.00

9/24/2013	IARF Annual		Springfield,Il	Mbrave	\$650.00								\$650.00
	Conference			J Lopresto									\$0.00
10/10/2013	Rug 48 Getting		Mt Vernon,Il	D Loomis	\$285.00		\$76.00						\$361.00
	Credit for what you			K Green									\$0.00
10/15-17/13	Educational Conf &		Springfield Il	Mbrave									\$0.00
	Expo			J Lopresto									\$0.00
	Do			M Jackson									\$0.00
10/23/2013	10th Annual Il.		Springfield,Il	M Brave					\$274.65	\$451.10			\$725.75
	Pioneer Coalition			C Smith									\$0.00
	Summit			D Smith									\$0.00
				M Jackson									\$0.00
				G Cooney									\$0.00
				N Swink									\$7,086.91

Clinton Manor Living Center, Inc.  
01/01/13 thru 12/31/13  
0033159

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

<b>Date</b>	<b>Training/ Item</b>	<b>Who</b>	<b>Place</b>	<b>Cost</b>
1/13/2013	CPR	Channing	CMLC	\$277.95
1/13/13	Computer Program	Prof Medical		\$39.95
1/13/2013	Computer Program	Prof Medical	CMLC	\$39.95
1/13/2013	Computer Program	Prof Medical	CMLC	\$39.95
1/13/2013	Anfp Training	Food San		\$104.40
2/4/2013	Training Item	C Leonard	Cmlc	\$49.00
2/13/2013	Inservice	C Smith	CMLC	
3/13/2014	Training	Jvarel	CMLC	\$21.00
4/10/2013	On Shift Training	Mbrave	Hanover	\$2,100.00
		Food Exp - Training		\$86.33
4/10/2013	Computer Program	Prof Med	CMLC	\$39.95
4/18/2013	Skillpath Access Train	M Brave		\$2,000.00
		D Loomis		
		C Smith		
		M Holtgrave		
		S Kavanaugh		
		Nikki H		
		J Loresto		
		L Prunty		
		J Kenner		
		B Santel		
		C Leonard		
5/31/2013	Optum Billing Editor	D Loomis		\$319.02
6/3/2013	Human Resource	J Varel		\$64.99
6/13/2013	Contempory Train	K Tipton		\$35.50
6/17/2013	Microsoft Access Book	P Littiken		\$62.23
7/13/2013	CPR Training	K Tipton		\$10.00
7/13/2013	ADA Background Checks	M Brave		
7/31/2013	Software Train	J Varel		\$159.31
8/5/2013	Medcar Drivers Train	N. Hudson		\$350.00
		S. Howard		

	V. Williams		
	Sherry		
	Shannon		
	Lesly		
	Jen		
	Paula		
	Fran Smith		
	A. Graminski		
	L. Tallie		
	D. Belva		
	C. Leonard		
	K. Lamb		
	C. Foster		
	Anoita		
	Amamnda G.		
	AdamT		
	Robbie		
	B. Stangle		
	J. Mitchell		
8/31/2013 Corporate Training	B Bahl	A Timbrook	\$250.00
8/31/2013 Agency Manuals	J Varel		\$622.38
10/16/2013 Find More Time (Book)	J. Varel		\$13.31
For Training			
9/11/2013 Basic Life support manual	Kayti Tipton		\$277.95
9/13/2013 CPR Training	K Tipton		\$43.00
9/18/2013 Food Sanitation	B Bahl		\$125.00
	A Timbrook		
	B Santel		
12/10/2013 Motive Learning	J Varel		\$132.12
12/10/2013 HR Direct Hazard Train	J Varel		\$191.32
12/17/2013 ABT Electronics	Projectors		\$706.86
12/30/2013 Corporate Train	G Coney		\$250.00
12/31/2013 Provider Compliance	M Holtgrave		\$147.00
12/13/2013 CPR Training	K Tipton		\$18.00

\$8,576.47