

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

0033159

Report Period Beginning:

Ending:

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				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	5,265	2,776	1,480	9,521	8
9	SNF/PED					9
10	ICF		1,408		1,408	10
11	ICF/DD	17,721			17,721	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	22,986	4,184	1,480	28,650	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 87.21%

D. How many bed reserve days during this year were paid by the Department?
0 (Do not include bed reserve days in Section B.)

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

F. Does the facility maintain a daily midnight census? _____

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 1/1/88

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 1,480

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

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

Facility Name & ID Number

Clinton Manor Living Center, Inc.

0033159

Report Period Beginning:

Ending:

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
	A. General Services										
1	Dietary	294,059	26,489	6,907	327,455		327,455		327,455		1
2	Food Purchase		250,219		250,219		250,219	(1,945)	248,274		2
3	Housekeeping	149,187	24,991	191	174,369		174,369		174,369		3
4	Laundry	58,117	11,368		69,485		69,485		69,485		4
5	Heat and Other Utilities			97,648	97,648		97,648		97,648		5
6	Maintenance	146,993	75,093	182,679	404,765		404,765		404,765		6
7	Other (specify):*										7
8	TOTAL General Services	648,356	388,160	287,425	1,323,941		1,323,941	(1,945)	1,321,996		8
	B. Health Care and Programs										
9	Medical Director			27,000	27,000		27,000		27,000		9
10	Nursing and Medical Records	3,496,516	159,346	27,793	3,683,655		3,683,655	(250)	3,683,405		10
10a	Therapy	52,749		283,531	336,280		336,280		336,280		10a
11	Activities	40,431	29,601		70,032		70,032		70,032		11
12	Social Services	168,922		2,973	171,895		171,895		171,895		12
13	CNA Training										13
14	Program Transportation		27,474		27,474		27,474		27,474		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	3,758,618	216,421	341,297	4,316,336		4,316,336	(250)	4,316,086		16
	C. General Administration										
17	Administrative	262,064		106,800	368,864		368,864	(106,800)	262,064		17
18	Directors Fees										18
19	Professional Services			410,346	410,346	(5,046)	405,300	(106,800)	298,500		19
20	Dues, Fees, Subscriptions & Promotions			187,638	187,638	5,046	192,684	(74,577)	118,107		20
21	Clerical & General Office Expenses	253,603	23,242	32,517	309,362		309,362		309,362		21
22	Employee Benefits & Payroll Taxes			911,407	911,407		911,407		911,407		22
23	Inservice Training & Education			33,081	33,081		33,081		33,081		23
24	Travel and Seminar			29,527	29,527	(199)	29,328		29,328		24
25	Other Admin. Staff Transportation		6,538		6,538		6,538		6,538		25
26	Insurance-Prop.Liab.Malpractice			53,241	53,241		53,241		53,241		26
27	Other (specify):*			24,752	24,752	199	24,951	(13,684)	11,267		27
28	TOTAL General Administration	515,667	29,780	1,789,309	2,334,756		2,334,756	(301,861)	2,032,895		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,922,641	634,361	2,418,031	7,975,033		7,975,033	(304,056)	7,670,977		29

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

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number

Clinton Manor Living Center, Inc.

#0033159

Report Period Beginning:

Ending:

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	
	D. Ownership											
30	Depreciation			184,050	184,050		184,050	(28)	184,022			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			111,580	111,580		111,580	(3,012)	108,568			32
33	Real Estate Taxes			31,117	31,117		31,117	(390)	30,727			33
34	Rent-Facility & Grounds			1,896	1,896		1,896		1,896			34
35	Rent-Equipment & Vehicles			31,476	31,476		31,476		31,476			35
36	Other (specify):*			1,934	1,934		1,934	(1,934)				36
37	TOTAL Ownership			362,053	362,053		362,053	(5,364)	356,689			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		193,118		193,118		193,118		193,118			39
40	Barber and Beauty Shops			1,768	1,768		1,768		1,768			40
41	Coffee and Gift Shops		11,562		11,562		11,562		11,562			41
42	Provider Participation Fee			214,178	214,178		214,178		214,178			42
43	Other (specify):*			18,922	18,922		18,922	(18,922)				43
44	TOTAL Special Cost Centers		204,680	234,868	439,548		439,548	(18,922)	420,626			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,922,641	839,041	3,014,952	8,776,634		8,776,634	(328,342)	8,448,292			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:

Ending:

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	(1,945)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients	(109)	10		7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(28)	30		9
10	Interest and Other Investment Income	(3,012)	32		10
11	Discounts, Allowances, Rebates & Refunds	(141)	10		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,438)	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	(3,100)	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	(15,822)	43		24
25	Fund Raising, Advertising and Promotional	(74,577)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(8,702)	27		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(5,868)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (114,742)		\$	30

BHF USE ONLY							
48		49		50		51	
							52

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	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (114,742)		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	TOTAL (C): (sum of lines 38-46)			\$		47

Clinton Manor Living Center, Inc.

ID# 0033159

Report Period Beginning:

Ending:

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Bank fees	\$ (3,544)	27	1
2	Amortization of Loan Costs	(1,934)	36	2
3	CSS Labor-Admin Progr.	0	12	3
4	CSS Labor-Admin Asst	0	21	4
5	New Cila Lot Prop Tax	(390)	33	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	Total	(5,868)		49

STATE OF ILLINOIS

Summary A

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

0033159 Report Period Beginning:

Ending:

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	(1,945)	0	0	0	0	0	0	0	0	0	0	(1,945)	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	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(1,945)	0	0	0	0	0	0	0	0	0	0	(1,945)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(250)	0	0	0	0	0	0	0	0	0	0	(250)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(250)	0	0	0	0	0	0	0	0	0	0	(250)	16
	C. General Administration													
17	Administrative	0	(106,800)	0	0	0	0	0	0	0	0	0	(106,800)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	(106,800)	0	0	0	0	0	0	0	0	0	(106,800)	19
20	Fees, Subscriptions & Promotions	(74,577)	0	0	0	0	0	0	0	0	0	0	(74,577)	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	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):*	(13,684)	0	0	0	0	0	0	0	0	0	0	(13,684)	27
28	TOTAL General Administration	(88,261)	(213,600)	0	(301,861)	28								
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(90,456)	(213,600)	0	(304,056)	29								

STATE OF ILLINOIS

Summary B

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

0033159

Report Period Beginning:

Ending:

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(28)	0	0	0	0	0	0	0	0	0	0	(28)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(3,012)	0	0	0	0	0	0	0	0	0	0	(3,012)	32
33	Real Estate Taxes	(390)	0	0	0	0	0	0	0	0	0	0	(390)	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):*	(1,934)	0	0	0	0	0	0	0	0	0	0	(1,934)	36
37	TOTAL Ownership	(5,364)	0	0	0	0	0	0	0	0	0	0	(5,364)	37
	Ancillary Expense													
	E. Special Cost Centers													
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):*	(18,922)	0	0	0	0	0	0	0	0	0	0	(18,922)	43
44	TOTAL Special Cost Centers	(18,922)	0	0	0	0	0	0	0	0	0	0	(18,922)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(114,742)	(213,600)	0	(328,342)	45								

Facility Name & ID Number Clinton Manor Living Center, Inc. # 0033159 Report Period Beginning: _____ Ending: _____

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 Serv	Quincy	Data Processing
Blain Richard	25			RDR Mngmt	Albers	Management
Michael Greer	12.5			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	\$ 106,800	Brave Management	0.00%	\$	\$ (106,800)	1
2	V	19 Management	106,800	D. A. Reis LLC	0.00%		(106,800)	2
3	V	19 Data Processing	26,559	WDM Computer Services, Inc.	0.00%	26,559		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		\$ 240,159			\$ 26,559	\$ * (213,600)	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:

Ending:

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, Inc.

0033159

Report Period Beginning:

Ending:

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		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	91,787	17-1	5
6	RDR Mngmt	Management	Management	0.00	0	5	12.00	Mngt Fees	106,800	19-3	6
7	DAR Mngt	Management	Management	0.00	0	5	12.00	Mngt Fees	106,800	19-3	7
8	Greer Mngt	Management	Management	0.00	0	5	12.00	Mngt Fees	106,800	19-3	8
9	Brave, Inc.	Management	Management	0.00	0	5	12.00	Mngt Fees	106,800	17-3	9
10	Gail Greer	n/a	Owner	12.50	0	0	0.00	Wages	9,750	17-1	10
11	See Attached List (Pg 28)										11
12											12
13								TOTAL	\$ 577,487		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:

Ending:

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:

Ending:

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2		3	4	5	6		7	8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
A. Directly Facility Related																		
Long-Term																		
1	First National Bank		X	Refinance	\$21,283.30	03/10/17	\$ 1,943,810	\$ 1,615,734	03/10/26	4.5000	\$ 65,148	1						
2	First National Bank		x	Generator	\$2,858.37	01/16/18	154,880	128,871	01/16/23	4.0000	6,811	2						
3												3						
4												4						
5	See List		X	See List	See List	See List	221,940	138,271	See List	Various	2,122	5						
Working Capital																		
6	Owners	X		Cash Flow	Interest Only	04/13/07	48,000	600,000	12/31/15	5.2500	26,250	6						
7	See List		x	See List	See List	See List	650,000	408,240	See List	Various	11,249	7						
8												8						
9	TOTAL Facility Related				\$24,141.67		\$ 3,018,630	\$ 2,891,116			\$ 111,580	9						
B. Non-Facility Related*																		
10												10						
11												11						
12												12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			\$	14						
15	TOTALS (line 9+line14)						\$ 3,018,630	\$ 2,891,116			\$ 111,580	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.)

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

0033159

Report Period Beginning:

Ending:

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

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2017 report.	\$	29,541	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.)	\$	30,134	2
3. Under or (over) accrual (line 2 minus line 1).	\$	593	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)	\$	30,134	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. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)	\$		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. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)	\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	\$	30,727	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2013	22,214	8
	2014	22,083	9
	2015	21,790	10
	2016	26,042	11
	2017	29,541	12

FOR BHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 2017	\$	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.

2017 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 Michael Brave

TELEPHONE 618-588-7136 FAX #: ()

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2017 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2017.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>11-10-18-178-002</u>	<u>Nursing Home</u>	\$ <u>22,111.34</u>	\$ <u>22,111.34</u>
2. <u>11-10-18-175-023</u>	<u>Office Building</u>	\$ <u>2,646.25</u>	\$ <u>2,646.25</u>
3. <u>11-10-18-175-024</u>	<u>Nursing Home Offices</u>	\$ <u>2,358.12</u>	\$ <u>2,358.12</u>
4. <u>11-10-18-175-021</u>	<u>Nursing Home Offices</u>	\$ <u>3,019.00</u>	\$ <u>3,019.00</u>
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>30,134.71</u></u>	\$ <u><u>30,134.71</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 X NO

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

C. Tax Bills

Attach a copy of the original 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

PLEASE NOTE: *Payment information from the Internet* or otherwise is *not considered acceptable tax bill documentation*. Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.

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

0033159

Report Period Beginning:

Ending:

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).

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</u>	<u>26,669</u>	<u>1987</u>	<u>\$ 66,000</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	26,669		\$ 66,000	3

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

0033159

Report Period Beginning:

Ending:

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	\$	30	\$	\$	\$ 594,000	4
5	12		1991	1991	511,306	17,096	30	17,044	(52)	464,290	5
6											6
7											7
8											8
	Improvement Type**										
9		SPRINKLER	1990		3,143		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	2,700	13
14		BUILDING IMPROVEMENT	1994		12,580		20,10			12,580	14
15		PLUMBING	1995		12,201		20			12,201	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		20			35,389	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		98,943	21
22		DINING ROOM REMODEL	2001		84,135	4,207	20	4,207		71,866	22
23		Kitchen Improvements	2004		3,852	197	20	193	(4)	2,869	23
24		Flooring	2004		2,790		10			2,790	24
25		Laundry Building	2004		106,437	5,322	20	5,322		76,724	25
26		Bathroom Flooring	2005		3,650	183	20	183		2,510	26
27		Concrete	2005		2,367		10			2,367	27
28		Flooring	2005		3,032	152	20	152		2,034	28
29		Bathroom Remodel	2005		3,550	177	20	178	1	2,352	29
30		Roof Repairs	2005		4,225	211	20	211		2,817	30
31		Flooring	2006		5,960	298	20	298		3,874	31
32		New A/C Units	2006		6,141	412	15	410	(2)	5,181	32
33		New Office Building	2006		93,901	3,130	30	3,130		38,079	33
34		Flooring	2007		6,293		8			6,293	34
35		Entrance Canopy	2007		3,765	188	20	188		2,118	35
36		Replace Roof	2007		36,366	909	40	909		10,076	36

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

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

See Page 12A, Line 70 for total

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

Report Period Beginning:

Ending:

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	<u>Range Hood</u>	2008	\$ 8,586	\$	7	\$	\$	\$ 8,586	37
38	<u>Alarm System</u>	2008	7,224		8			7,224	38
39	<u>New Patio</u>	2009	3,346	223	15	223		2,063	39
40	<u>Sprinkler</u>	2010	33,827	1,353	25	1,353		12,178	40
41	<u>Nursing Cabinets</u>	2010	2,003	134	15	134		1,119	41
42	<u>New Deck and Siding</u>	2010	11,361	456	25	454	(2)	3,951	42
43	<u>Hanover Office Building</u>	1997	45,776	1,526	30	1,526		32,934	43
44	<u>Storage Builgind</u>	2011	18,949	486	39	486		3,523	44
45	<u>Fire Door</u>	2012	4,152	106	39	106		736	45
46	<u>Accessibility System</u>	2013	4,265	213	20	213		1,226	46
47	<u>Shower Room 1-Plumbing</u>	2013	8,900	228	39	228		1,293	47
48	<u>Shower Room 1-Labor</u>	2013	4,019	103	39	103		584	48
49	<u>Shower Room 1-Materials</u>	2013	4,836	124	39	124		702	49
50	<u>Shower Room 1-Tile</u>	2013	8,659	222	39	222		1,258	50
51	<u>Shower Room 1-Drawings</u>	2013	415	11	39	11		61	51
52	<u>Shower room 2-Plumbing</u>	2013	5,166	132	39	132		729	52
53	<u>Shower Room 2-Labor</u>	2013	3,690	95	39	95		520	53
54	<u>Shower Room 2-Materials</u>	2013	4,686	120	39	120		661	54
55	<u>Shower Room 2-Electric</u>	2013	3,510	90	39	90		495	55
56	<u>Shower Room 2-Tile</u>	2013	8,876	228	39	228		1,252	56
57	<u>Shower Room 2-Crawings</u>	2013	415	11	39	11		59	57
58	<u>Landscaping</u>	2015	5,292	353	15	353		1,294	58
59	<u>Landscaping</u>	2015	2,178	145	15	145		520	59
60	<u>Landscaping</u>	2015	9,707	647	15	647		2,319	60
61	<u>New Addition-Sprinkler</u>	2015	32,400	1,620	20	1,620		4,995	61
62	<u>New Addition-Flooring</u>	2015	20,860	1,043	20	1,043		3,216	62
63	<u>New Addition-landscaping</u>	2015	8,524	568	15	568		1,752	63
64	<u>New Addition-Roof</u>	2015	10,370	519	20	518	(1)	1,599	64
65	<u>New Addition-Doors/Windows</u>	2015	17,376	869	20	869		2,679	65
66	<u>New Addition-Plumbing</u>	2015	49,930	2,497	20	2,497		7,697	66
67	<u>New Addition-Electrical</u>	2015	87,738	4,387	20	4,387		13,526	67
68	<u>New Addition-General Material/Labor</u>	2015	182,981	4,692	39	4,692		14,467	68
69	<u>Flooring-Therapy Room, Dining area, & 2 ICF/DD Hallways</u>	2016	17,117	1,147	15	1,141	(6)	2,582	69
70	TOTAL (lines 4 thru 69)		\$ 2,387,032	\$ 62,622		\$ 62,656	\$ 34	\$ 1,688,978	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:

Ending:

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 2,387,032	\$ 62,622		\$ 62,656	\$ 34	\$ 1,688,978	1
2	Parking Lot Repaving	2016	19,373	1,299	15	1,292	(7)	2,922	2
3	Sprinkler work new addition	2016	2,108	105	20	105		307	3
4	Railing Outside new addition	2016	3,550	177	20	177		518	4
5	Door to Family 3	2016	8,846	442	20	442		1,180	5
6	Wall Protection/Handrails outside walkway from new addition	2016	5,052	253	20	253		632	6
7	Flooring-Family 1 ICF/DD Group Area	2016	6,412	321	20	321		775	7
8	SNF Dining Flooring & DD Handrails	2017	10,054	503	20	503		1,005	8
9	Flooring-SNF Hallway and Bath	2017	8,142	409	20	407	(2)	784	9
10	SNF Handrails	2017	3,282	164	20	164		287	10
11	Flooring-Back Hall	2017	11,500	575	20	575		1,006	11
12	Heating Unit	2017	18,284	914	20	914		1,600	12
13	Rm Heat/Cool in SNF Ctr DD	2017	16,417	821	20	821		1,300	13
14	Lighting in SNF Hallways	2017	5,058	254	20	253	(1)	402	14
15	Flooring-SNF Dining Area	2017	5,637	283	20	282	(1)	425	15
16	Windows/Door-Snf Dining Room	2017	10,002	667	15	667		1,056	16
17	Dining Room Carpentry	2017	22,077	2,760	8	2,760		2,990	17
18	Dining Room Cabinets	2017	10,722	1,340	8	1,340		1,452	18
19	Dining Room Electrical	2017	5,150	343	15	343		372	19
20	New House-Office	2017	88,209	2,262	39	2,262		2,450	20
21	New House/Office-Heating	2017	8,000	533	15	533		578	21
22	New House/Office-Cabinets	2017	3,700	462	8	463	1	501	22
23	CMLC Sprinklers	2017	25,851	1,293	20	1,293		1,400	23
24	Heat/Air Family 1	2017	12,657	844	15	844		914	24
25	Parking Lot Repaving	2018	23,503	1,045	15	1,045		1,045	25
26	Flooring-Spa room	2018	7,136	198	15	198		198	26
27	2 SNF Bedroom Flooring	2018	2,456	27	15	27		27	27
28	Life Safety Elec Upgrade	2018	12,335	360	20	360		360	28
29	New Security System	2018	28,070	234	20	234		234	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,770,615	\$ 81,510		\$ 81,534	\$ 24	\$ 1,715,698	34

**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:

Ending:

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	\$ 547,086	\$ 53,750	\$ 53,750	\$	9	\$ 234,133	71
72	Current Year Purchases	191,971	8,954	8,954		9	8,954	72
73	Fully Depreciated Assets	646,076				9	646,068	73
74								74
75	TOTALS	\$ 1,385,133	\$ 62,704	\$ 62,704	\$		\$ 889,155	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										77
78										78
79	See List	See List	See List	256,065	39,836	39,784	(52)	5	108,090	79
80	TOTALS			\$ 296,572	\$ 39,836	\$ 39,784	\$ (52)		\$ 148,597	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 4,518,320	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 184,050	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 184,022	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (28)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,753,450	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	Cila Division	\$ 1,502,074	\$ 37,255	\$ 50,380	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 1,502,074	\$ 37,255	\$ 50,380	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.

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

0033159

Report Period Beginning:

Ending:

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	TOTAL				\$			7

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
--	--------------------	-------------

12.	_____ /2019	\$ _____
13.	_____ /2020	\$ _____
14.	_____ /2021	\$ _____

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

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

9. Option to Buy: YES NO Terms: _____*

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

15. Is Movable equipment rental included in building rental? _____

YES NO

16. Rental Amount for movable equipment: \$ 31,476

Description: Copier Rental \$15,722.47, Bed Rental \$8909.00, Bed Sensors \$6,844.79

(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	TOTAL		\$	\$	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, Inc. # 0033159 Report Period Beginning: _____ Ending: _____

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			
		1	2	3	4
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	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

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (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	\$		\$ 71,436	\$		\$ 71,436	1
2	Licensed Speech and Language Development Therapist	10a-3	hrs			38,555			38,555	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a-3	hrs			97,956			97,956	4
5	Physician Care		visits							5
6	Dental Care	10-3	visits			5,706			5,706	6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39-2	# of prescrpts				193,118		193,118	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)	10-3	hrs		252	12,600		252	12,600	10
11	Academic Education		hrs							11
12	Other (specify): <u>Other Pysch Services</u>	10-3				1,653			1,653	12
13	Other (specify): <u>See List</u>	10-3				75,719			75,719	13
14	TOTAL			\$	252	\$ 303,624	\$ 193,118	252	\$ 496,742	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.

0033159

Report Period Beginning:

Ending:

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of _____

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 403,476	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,218,026		3
4	Supply Inventory (priced at <u>fifo</u>)	27,631		4
5	Short-Term Investments			5
6	Prepaid Insurance	15,210		6
7	Other Prepaid Expenses	49,014		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,713,357	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	(85,041)		12
13	Land	126,387		13
14	Buildings, at Historical Cost	3,777,184		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,724,210		16
17	Accumulated Depreciation (book methods)	(3,259,131)		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 (spe CIP)	173,925		22
23	Other(specify): <u>Loan Org Fees</u>	6,125		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,463,659	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,177,016	\$	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 197,259	\$	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	346,899		30
31	Accrued Taxes Payable (excluding real estate taxes)	2,608		31
32	Accrued Real Estate Taxes(Sch.IX-B)	62,785		32
33	Accrued Interest Payable	5,304		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Garnishment</u>	891		36
37	<u>Group Ins</u>	(28,980)		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 886,766	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	648,441		39
40	Mortgage Payable	1,615,734		40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Loan from Owners</u>	600,000		43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 2,864,175	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,750,941	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 426,075	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,177,016	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 678,932	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 678,932	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	308,642	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	(546,265)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) Rental Divisions	(15,235)	15
16	Other (describe) Rounding	1	16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (252,857)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 426,075	24 *

* This must agree with page 17, line 47.

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

0033159

Report Period Beginning:

Ending:

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 8,699,889	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 8,699,889	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	126,888	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 126,888	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	8,172	12
13	Barber and Beauty Care		13
14	Non-Patient Meals	1,945	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,874	17
18	Sale of Supplies to Non-Patients	109	18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 12,100	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	3,012	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 3,012	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See List Attached</u>	243,388	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 243,388	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 9,085,276	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,323,941	31
32	Health Care	4,316,336	32
33	General Administration	2,334,756	33
B. Capital Expense			
34	Ownership	362,053	34
C. Ancillary Expense			
35	Special Cost Centers	225,370	35
36	Provider Participation Fee	214,178	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 8,776,634	40
41	Income before Income Taxes (line 30 minus line 40)**	308,642	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 308,642	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 7,648,762	44
45	Private Pay - Net Inpatient Revenue	416,218	45
46	Medicare - Net Inpatient Revenue	634,909	46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 8,699,889	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? _____ 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:

Ending:

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	1,884	2,136	\$ 92,699	\$ 43.40	1
2	Assistant Director of Nursing	2,084	2,226	67,215	30.20	2
3	Registered Nurses	20,645	21,599	602,968	27.92	3
4	Licensed Practical Nurses	23,158	24,616	622,582	25.29	4
5	CNAs & Orderlies	35,322	37,756	566,404	15.00	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,852	2,031	52,749	25.97	8
9	Activity Director					9
10	Activity Assistants	2,622	2,774	40,431	14.57	10
11	Social Service Workers	4,043	4,351	82,606	18.99	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	1,609	1,755	45,302	25.81	14
15	Cook Helpers/Assistants	6,844	7,338	117,489	16.01	15
16	Dishwashers	10,860	11,177	131,268	11.74	16
17	Maintenance Workers	5,669	6,163	146,993	23.85	17
18	Housekeepers	12,167	12,746	149,187	11.70	18
19	Laundry	4,535	4,749	58,117	12.24	19
20	Administrator	1,872	2,148	111,777	52.04	20
21	Assistant Administrator					21
22	Other Administrative	1,854	2,088	150,287	71.98	22
23	Office Manager					23
24	Clerical	9,749	10,676	253,603	23.75	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	6,153	6,731	168,300	25.00	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)	82,810	87,407	1,338,965	15.32	30
31	Medical Records					31
32	Other Health C: <u>Ex. Director</u>	1,872	2,088	86,316	41.34	32
33	Other(specify) <u>Transportation</u>	2,217	2,411	37,383	15.51	33
34	TOTAL (lines 1 - 33)	239,821	254,966	\$ 4,922,641 *	\$ 19.31	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	144	\$ 6,907	1-3	35
36	Medical Director	Contract	27,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Contract	7,699	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	40	2,973	12-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	184	\$ 44,579		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

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

Report Period Beginning:

Ending:

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IHCA \$6573.00, IARF 5893.26, Illinois Nursing Home Assoc \$10,000.00
- (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? 9
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 67,272 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. \$ 214,178
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? n/a
- (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. \$ 1,945
- (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. \$ 13,086
c. What percent of all travel expense relates to transportation of nurses and patients? 95
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) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees

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

Repair & Maint. Dietary	\$4,753.68
Repair & Maint. Laundry	\$1,268.55
Repair & Maint. Housekeeping	\$0.00
Repair & Maint. Outside services	\$76,855.96
Repair & Maint. Building	\$58,700.52
Repair & Maint. Equipment	\$35,212.27
Repair & Maint. Wheelchairs	\$1,307.41
Repair & Maint. Ground	\$0.00
Repair & Maint. Gen/Arclin	\$4,581.02
	<u>\$182,279.11</u>

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

Telephone	\$29,158.27
Copy	\$246.50
Printing Exp.	\$641.76
Postage	\$2,470.93
	<u>\$32,517.46</u>

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

Amortization of Loan Costs	\$1,934.28
Fines/Penalties	\$0.00
Rounding	\$0.00
	<u>\$1,934.28</u>

The following is a breakdown of Schedule V Line 43 Column 6

Bad Debt Expense	\$15,821.97
Contributions	\$3,100.00
	<u>\$18,921.97</u>

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

Sales Tax	\$1,438.00
State Replacement Tax	\$8,702.00
Merch Exp. (Inst)	\$6,911.51
Misc Exp	\$4,315.79
Bank Fees	\$3,544.00
Rounding	\$0.00
	<u>\$24,911.30</u>

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

Mileage reimbursement (administrative) (See Line Attached)	<u>\$6,338.38</u>
	<u>\$6,338.38</u>

The following is a breakdown of Schedule XVII Line 21a

Misc. Revenue	\$3,153.92
Personal Purchases Income	\$0.00
Uniform Sales	\$1,820.02
Discounts/Rebates	\$140.77
In-Home Day Training Revenue	\$106,718.82
Grant/Less on Sale of Asset	\$12,000.00
Income from Transportation (IDPA Trans. Reptom)	\$13,086.17
Insurance Training Revenue	\$0.00
Education Reimbursement	\$25,867.81
Activity Income	\$600.00
Rounding	\$0.00
	<u>\$243,387.51</u>

The following is a breakdown of Schedule XIX, Section F

AANAC Membership	\$372.00
IAHF Membership	\$5,892.26
HKCA Membership	\$6,573.00
SAAHS CLUB Membership	\$700.00
II. Nursing Home Assoc Membership	\$10,000.00
Therapy Software Subscription	\$8,281.64
Subscriptions Misc Subscriptions	\$763.20
Home Owners Assoc Dues	\$100.00
Proctor Coalition Dues	\$150.00
II. State Chamber of Commerce Dues	\$377.50
Institute on Public Policy for People with Disabilities	\$6,800.00
INHAA Dues	\$200.00
The Arc Dues	\$100.00
ANFP Dues	\$157.00
Shah Chamber Dues	\$749.00
Adhc License	\$69.99
Mass East SHRM Dues	\$100.00
Village of New Babylon Licenses	\$25.60
Sec of State Licenses	\$542.96
Direct Supply Miami Software License	\$1,863.31
PSC A/R software License	\$2,080.93
MTC Payroll Software License	\$23,099.08
Maria Software License	\$15,912.20
Sigma Care Software License	\$3,182.44
Compukey Backup License	\$216.20
Clinton County Health Department County Food Permit	\$150.00
Rounding	-\$1.00
	<u>\$88,881.77</u>

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

Peggy Litken Clerical Support	\$6,075.00
Edgar HR Eval	\$342.75
Anderson Consulting Energy Consulting	\$1,800.00
Hartford/Mass Ma Retirement Plan Admin	\$970.00
Management Information SIF Support	\$2,117.64
OnCall Payroll Software Support	\$2,994.72
Techon Solutions Web Design	\$947.90
Rounding	\$0.00
	<u>\$15,147.97</u>

Schedule XII, Section A.

Cur's are responsible for their own training and testing

Schedule XI, Section D.

Use	Make, Model and Year	Year Acquired	Current Book Cost	Straight Line Depreciation	Life in Years	Accumulated Depreciation
79 Facility Use	01 Ford F150	2011	\$6,385.08	\$0.00	5	\$6,385.08
80 Facility Use	2014 Ford E-350	2014	\$66,256.06	\$12,082.56	5	\$49,191.44
81 Facility Use	2015 Dodge Caravan	2015	\$43,500.00	\$8,700.12	5	\$38,275.39
82 Facility Use	2005 Jeep	2017	\$12,200.47	\$1,066.10	5	\$4,838.80
83 Facility Use	2017 Dodge Caravan	2017	\$38,225.97	\$7,645.20	5	\$10,830.70
86 Facility Use	19 Ford E350	2018	\$60,127.25	\$4,008.33	5	\$4,008.33
88 Facility Use	16 Dodge Caravan	2018	\$22,019.21	\$4,209.20	5	\$4,209.20
			<u>\$250,065.20</u>	<u>\$39,836.31</u>		<u>\$39,784.48</u>
						<u>\$0.00</u>
						<u>\$108,089.61</u>

Advanced	GMS	RDR	DAR		WDM
4693.8	2346.9	2346.9	2346.9	1	1942.16
4151.61	2075.81	2075.81	2075.81	2	1683.06
3259.03	1629.52	1629.52	1629.52	3	4885.14
3243.28	1621.64	1621.64	1621.64	4	1550.68
3316.33	1658.17	1658.17	1658.17	5	4663.04
4102.74	2051.37	2051.37	2051.37	6	1526.48
3438.43	1719.21	1719.21	1719.21	7	1893.26
3398.43	1699.21	1669.21	1699.21	8	1557.36
3401.87	1700.93	1700.93	1700.93	9	1558.72
3511.21	1755.61	1755.61	1755.61	10	1848.5
3401.87	1700.93	1700.93	1700.93	11	1573.48
7976	3988	3988	3988	12	1877.08
3534.2	1767.1	1767.1	1767.1		
51428.8	25714.4	25684.4	25714.4	128542	26558.96

Clinton Manor Living Center, Inc.

01/01/18 thru 12/31/18
0033159

The following is a breakdown of the reclassifications:

1. Reclass \$5046.30 From Professional services to License due to coding error of Software license.
2. Reclass \$199.21 from Seminar to Meals due to coding error for business lunch.
3. Reclass \$
4. Reclass \$
5. Reclass \$
6. Reclass \$
7. Reclass \$
8. Reclass \$
- 9.
- 10
- 11

Clinton Manor Living Center, Inc.

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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	\$25,714.40	
Greer Management	Management	Southern Illinois Comm. Support Services.	0	\$25,714.40	
Advanced Options	Management	Southern Illinois Comm. Support Services.	0	\$51,428.80	
RDR Management	Management	Southern Illinois Comm. Support Services.	0	\$25,684.40	
David Reis	Owner	Southern Illinois Living Center, Inc.	25		\$6,562.50
Gail Greer	Owner	Southern Illinois Living Center, Inc.	12.5		\$3,281.25
Mike Greer	Owner	Southern Illinois Living Center, Inc.	12.5		\$3,281.25
Michael Brave	Owner	Southern Illinois Living Center, Inc.	25		\$6,562.50
Blain Richard	Owner	Southern Illinois Living Center, Inc.	25		\$6,562.50

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Name of Lender	Related**		Purpose of Loan	Payment Required	Date of Note	Amount of Note		Maturity Date	Rate (4 Digits)	Interest Expense
	YES	NO				Original	Balance			
A. Directly Facility Related										
Long-Term										
First County Bank	X		2015 Bus	\$955.00	10/31/2014	\$54,492.00	\$10,414.38	11/1/2019	2.0000%	\$312.05
Crysler Capital	X		2015 Dodge Caravan	\$604.18	11/12/2015	\$43,500.00	\$20,541.76	10/12/2021	0.0000%	\$0.00
First County Bank	X		2017 Dodge Caravan	\$675.00	8/15/2017	\$38,301.97	\$28,495.67	8/15/2022	2.2000%	\$711.63
First County Bank	X		2016 Caravan	\$563.00	5/2/2018	\$31,519.25	\$28,056.09	5/2/2023	2.7000%	\$535.95
First County Bank	X		2017 Ford E350	\$971.45	8/21/2018	\$54,127.25	\$50,762.89	8/21/2023	2.9500%	\$562.46
						<u>\$221,940.47</u>	<u>\$138,270.79</u>			<u>\$2,122.09</u>
Working Capital										
First National Bank	X		Cash Flow	\$1,090.94	11/13/2013	150,000.00	108,239.50	11/13/2016	3.7500%	\$4,223.64
First National Bank	X		Cash Flow	\$3,713.69	7/21/2014	500,000.00	300,000.00	5/15/2019	4.0000%	\$7,025.21
						<u>\$650,000.00</u>	<u>\$408,239.50</u>			<u>\$11,248.85</u>

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

Date	Training	Instructor	Purchased	Purchased By	Place	Total
1/8/2018	CPR	K. Green	Manuals/Cert Cards	K. Green		25.40
1/8/2018	Admin. & Nursing		Manuals	D. Loomis		475.00
1/25/2018	CPR	K. Green	Manuals/Cert Cards	K. Green		363.15
1/25/2018	Il Chamber of Comm	Webinar	HR-Terminating Empl.	S. Gerstner		110.00
3/2/2018	CPR	K. Green	Manuals/Cert Cards	K. Green		234.45
3/8/2018	Infection Prevention	Webinar	Infection Prevention	V. Smith		59.00
3/29/2018	CPR	K. Green	Manuals/Cert Cards	K. Green		277.35
3/29/2018	TAP		Food Service Sanitation Cert.	G. Coney		17.90
4/18/2018	Il Chamber of Comm	Webinar	HR-Internal Investigations	S. Gerstner		110.00
4/23/2018	CPR	K. Green	Manuals/Cert Cards	K. Green		191.55
5/4/2018	CPR	K. Green	Manuals/Cert Cards	K. Green		370.35
5/4/2018	Admin. & Nursing		Infection Control Manuals	C. Smith		124.00
5/4/2018	Admin. & Nursing		Policy & Procedures	C. Smith		164.00
5/10/2018	Admin. & Nursing		Policy & Procedures	C. Smith		249.00
5/7/2018	MITC	S. Gerstner	Lunch	S. Gerstner		60.88
5/10/2018	Med Car Training	G. Brock	Lunch	M. Holtgrave	NB Leg	335.01
5/11/2018	MITC	S. Gerstner	Lunch	S. Gerstner		52.22
5/11/2018	AANAC		Quality Measure Work Bood	D. Loomis		39.00
6/12/2018	Proactive Medical		Templates & Tool-Kits	V. Smith		288.00
7/18/2018	Optum360		Billing Manuals	M. Holtgrave		362.20
7/26/2018	CPR	K. Green	Manuals/Cert Cards	K. Green		649.15
8/7/2018	Admin. & Nursing		Policy & Procedures	C. Smith		0.50
8/15/2018	CPR	K. Green	Manuals/Cert Cards	K. Green		213.55
8/30/2018	Il Chamber of Comm	Webinar	HR	S. Gerstner		135.00
9/4/2018	CPR	K. Green	Manuals/Cert Cards	K. Green		25.40
9/18/2018	Emergency Preparedness		Collaborative Healthcare	M. Brave		350.00
9/14/2018	Admin. & Nursing		Policy & Procedures	C. Smith		230.00
9/14/2018	Admin. & Nursing		Policy & Procedures	C. Smith		-230.00
9/27/2018	TAP		Food Service Sanitation Cert.	G. Coney		17.90
9/30/2018	CPR	K. Green	Manuals/Cert Cards	K. Green		75.00
10/12/2018	CPR	K. Green	Manuals/Cert Cards	K. Green		46.85
10/16/2018	Admin. & Nursing		Policy & Procedures	C. Smith		32.81
10/23/2018	Admin. & Nursing		Policy & Procedures	C. Smith		143.30
10/30/2018	CPR	K. Green	Manikins & Misc.	C. Smith		1,015.03
11/7/2018	Sanitation Class		Food Service Sanitation Cert.	C. Smith	Fairvie	435.00
11/8/2018	Food Safety		Training Book	C. Smith		52.86
11/9/2018	Il Chamber of Comm	Webinar	LGBT Rights	S. Gerstner		110.00
11/17/2018	Food Safety	Webinar	Food Service Sanitation Cert.	C. Smith		260.00
11/30/2018	CPR	K. Green	Manuals/Cert Cards	K. Green		945.55
12/5/2018	Coping 4 Life		Community Education	S. Gerstner		150.00
12/20/2018	CPR	K. Green	Manuals/Cert Cards	K. Green		69.30
12/31/2018	SIU-E		HabTech Tuition	Brave		#####
10/4/2018	SIU-C		Cna Tuition	Brave		469.00
8/24/2018	Beck Career Center		Cna Training			7,155.00
12/31/2018	Tuition Fulfilment		Cna Tuition			6,821.79

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

Date of Seminar	Seminar	Location/Materials	Attended	Attended	Attended	Attended	Registration	Airfare/ Milage	Perdiem	Meals	Hotel	Taxi/Gas	Other	Total
3/14-16/2018	AHCA/NCAL	New Orleans LA	Michael Brave	Cheryl Smith	Dan Smith		1133.00	1495.50		521.54	1797.07	108.00		5055.11
								732.75		115.47		52.90		901.12
3/13/2018	Hiring/Firing	Edwardsville, IL	Tonya Smith				199.00	-199.00						0.00
3/20-21/2018	Pioneer Coalition	Springfield, IL	Tammy West	Vicki Woods	Cassie Smith	Mary Miller	900.00	15.17		122.85	492.68			1530.70
4/18/2018	ANFP		Gerald Coney				75.00							75.00
4/9-13/2018	AANAC	Las Vegas, NV	Darla Loomis	Alicia Farmer	Kristie Green		2980.50	1295.88		447.17	1405.80	192.29		6321.64
5/18/18	State Food 101		All Dietary Staff				272.00							272.00
5/3/2018	Conference for Women	St. Charles, MO	Cheryl Smith	V. Smith	C. Smith	T. Smith	556.00			152.68				708.68
5/8/18	QIPD	Normal, IL	Cristal Leonard	Kevin Arentsen	Kayla Taylor		311.85					52.63		364.48
5/14-16/2018	NFPA	Nashville, TN	Cheryl Smith	Dan Smith			3158.00	256.05		154.82	1004.74		19.21	4592.82
5/10/2018	Medicar Drivers Safety	New Baden	22 Students				3300.00							3300.00
5/21-22/2018	Aging W/DD	St. Charles, MO	Cristal Leonard	Kevin Arentsen	Kayla Taylor		690.00							690.00
6/13/18	ID/DD Symposium	Springfield, IL	Michael Brave	Cheryl Smith			260.00							260.00
7/17/2018	IARF QIDP	Springfield, IL	Cristal Leonard				103.95							103.95
9/10-13/2018	IHCA	Peoria, IL	Michael Brave	Kayla Taylor	Jim Lopresto	Darla Loomis	1195.00			966.02	1962.46			4123.48
			Mara Jackson	Mary Miller										
8/3/2018	Communication	St. Louis, MO	Kathy Price	Cassie Brown	Kayley Wilhelm		597.00	33.60						630.60
12/17/2018	IL Chanber of Commerce	Springfield, IL	Sara Gerstner				398.00							398.00
														29327.58

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Schedule XIV Attachment

Service	Sched V	Outside Practitioner Units	Cost	Supplies	Total Units	Total Costs
Pediatrist	10-3		\$135.84		\$0.00	\$135.84
Radiology	10a-3		\$10,687.59		\$0.00	\$10,687.59
Labs	10a-3		\$5,226.21		\$0.00	\$5,226.21
Respatory Therapy	10a-3		\$59,669.04		\$0.00	\$59,669.04
Total		0	\$75,718.68	0	0	\$75,718.68

9100000		91010						94000									
Griffen	SB2	anderson Consult	Mass Mutual	Tech Website	Trist	Onshift	Peggy Litteken	Benefit	google	timetrak	wdm	ability	mitc	management information			
\$ 1,500.00	\$ 1,500.00	\$ 150.00	\$ 242.50	\$ 22.50	\$ 68.75	\$ 748.68	\$ 1,290.00	\$ 417.00	\$ 137.50	\$ 588.00	\$ 1,942.16	\$ 151.67	\$5,046.30	\$ 2,117.05			
\$ 96.00	\$ 1,500.00	\$ 150.00	\$ (242.50)	\$ 22.50	\$ 68.75	\$ 748.68	\$ 1,207.50	\$ 417.00	\$ 137.50	\$ 588.00	\$ 1,683.06	\$ 151.67					
\$ 125.00	\$ 1,500.00	\$ 150.00	\$ 237.50	\$ 67.50	\$ 60.00		\$ 1,005.00	\$ 417.00	\$ 137.50	\$ 593.60	\$ 4,885.14	\$ 151.67					
\$ 120.00	\$ 1,500.00	\$ 150.00	\$ 237.50	\$ 67.50	\$ 43.50	\$ 748.68	\$ 1,080.00	\$ 417.00	\$ 137.50	\$ 593.60	\$ 1,550.68	\$ 151.67					
\$ 805.00	\$ 1,500.00	\$ 150.00		\$ (67.50)	\$ 61.75			\$ 417.00	\$ 149.49	\$ 588.00	\$ 4,663.04	\$ 151.67					
\$ 100.00	\$ 1,500.00	\$ 150.00		\$ (22.50)			\$ 952.50	\$ 649.70	\$ 137.50	\$ 588.00	\$ 1,526.48	\$ 151.67					
\$ 4,695.00	\$ 1,500.00	\$ 150.00	\$ 22.50					\$ 417.00	\$ 137.50	\$ 585.20	\$ 1,893.26	\$ 151.67					
\$ 685.09	\$ 1,500.00	\$ 150.00		\$ 400.00			\$ 540.00	\$ 417.00	\$ 137.50	\$ 683.10	\$ 1,557.36	\$ 151.67					
\$ 456.00	\$ 1,500.00	\$ 150.00						\$ 417.00	\$ 137.50	\$ 669.90	\$ 1,558.72	\$ 151.67					
\$ 600.00	\$ 1,500.00	\$ 150.00	\$ 252.50					\$ 417.00	\$ 137.50	\$ 656.70	\$ 1,848.50	\$ 151.67					
\$ 240.00	\$ 1,500.00	\$ 150.00		\$ 275.00	\$ 40.00			\$ 447.00	\$ 137.50	\$ 660.00	\$ 1,573.48	\$ 151.67					
\$ 125.00		\$ 150.00	\$ 242.50	\$ 60.30		\$ 748.68		\$ 447.00	\$ 140.55	\$ 660.00	\$ 1,877.08	\$ 35.88					
\$ 48.00								\$ 447.00	\$ 145.83			\$ (10.89)					
\$ 125.00												\$ 151.67					
\$ 120.00		\$ 1,800.00	\$ 970.00	\$ 847.80	\$ 342.75	\$ 2,994.72	\$ 6,075.00										
							\$ 13,030.27										
\$ 9,840.09	\$ 16,500.00							\$ 5,743.70	\$ 1,810.87	\$ 7,454.10	\$ 26,558.96	\$ 1,845.03	\$ 5,046.30	\$ 2,117.05	\$ 50,576.01		

88400																	
ILLINOIS HEALTHCARE ASSOCIATION	THERAPY SERVICES	IARF	INSTITUTE ON PUBLIC POLICY	SAMS	AAANC	PIONEER COALITIC	SHILOH CHAMBER	ADOBE	SUBSCRIP	METRO EAST	ILCHA	INHAA	THE ARC OF IL	ANFP	TIMBERBROOK HOMEOWNERS		
\$ 469.50	\$ 48.97	\$ 453.26	\$ 1,700.00	\$ 700.00	\$ 372.00	\$ 150.00	\$ 249.00	\$ 69.99	\$ 330.20	\$ 100.00	\$ 577.50	\$ 200.00	\$ 500.00	\$ 157.00	\$ 150.00	\$ 10,000.00	
\$ 469.50	\$ 641.50	\$ 453.26	\$ 1,700.00				\$ 500.00		\$ 403.00						\$ 150.00		
\$ 939.00	\$ 690.47	\$ 453.34	\$ 1,700.00						\$ 30.00								
\$ 469.50	\$ 690.47	\$ 453.34	\$ 1,700.00														
\$ 469.50	\$ 690.47	\$ 453.34															
\$ 469.50	\$ 690.47	\$ 453.34															
\$ 469.50	\$ 690.47	\$ 453.34															
\$ 469.50	\$ 690.47	\$ 453.34															
\$ 469.50	\$ 690.47	\$ 906.68															
\$ 469.50	\$ 690.47	\$ 453.34															
\$ 469.50	\$ 690.47	\$ 453.34															
\$ 6,573.00	\$ 8,285.64	\$ 5,893.26	\$ 6,800.00	\$ 700.00	\$ 372.00	\$ 150.00	\$ 749.00	\$ 69.99	\$ 763.20	\$ 100.00	\$ 577.50	\$ 200.00	\$ 500.00	\$ 157.00	\$ 300.00	\$ 10,000.00	\$ 42,190.59

89700				89800							
LIC FEE	VILLAGE OF NEW BADEN	SEC OF STATE	CLINTON COUNTY HEALTH	SIGMACARE	Computyp	direct supply	marix	mitc	PCC		
\$ 165.83	\$ 25.00	\$ 19.00	\$ 150.00	\$ 651.53	\$ 108.10	\$ 97.00	\$ 651.53	\$ 5,970.30	\$ 846.49		
\$ 165.83	\$ 25.00	\$ (19.00)		\$ 939.69	\$ 108.10	\$ 97.00	\$ 939.69	\$ 106.72	\$ 1,234.44		
\$ 165.83	\$ (25.00)	\$ 19.00		\$ 651.53		\$ 97.00	\$ 1,591.22	\$ 5,987.88			
\$ 165.83		\$ 548.59		\$ 939.69		\$ 97.00	\$ 1,591.22	\$ 5,987.88			
\$ 165.83		\$ (228.00)				\$ 97.00	\$ 1,591.22				
\$ 165.83		\$ 103.37				\$ 97.00	\$ 1,591.22				
\$ 165.83		\$ 100.00				\$ 97.00	\$ 1,591.22				
\$ 165.83						\$ 97.00	\$ 1,591.22				
\$ 165.83						\$ 97.00	\$ 1,591.22				
\$ 165.83						\$ 97.00	\$ 1,591.22				
\$ 165.83						\$ 97.00	\$ 1,591.22				
\$ 165.83						\$ 97.00	\$ 1,591.22				
\$ 165.83						\$ 97.00	\$ 1,591.22				
\$ 1,989.96	\$ 25.00	\$ 542.96	\$ 150.00	\$ 2,707.92	\$ 3,182.44	\$ 216.20	\$ 1,063.31	\$ 15,912.20	\$ 18,052.78	\$ 2,080.93	\$ 40,507.86