FOR BHF USE

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2017
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2017)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH License ID Number: 0033159

Facility Name: Clinton Manor Living Centers, Inc.

Address: 111 East Illinois (Number) | New Baden (City) | 62265 (Zip Code)

County: Clinton

Telephone Number: 618-588-3826 **Fax #** ( )

HFS ID Number:

Date of Initial License for Current Owners: 01/01/88

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
		X	"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: James G. Hull, C.P.A. **Telephone Number:** 217-228-1950
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/17 to 12/31/17 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) (Date)
(Type or Print Name)
(Title)

Paid Preparer
(Signed) (Date)
(Print Name and Title) James G. Hull, C.P.A. — Vice President
(Firm Name & Address) WDM Computer Services, Inc. — 1900 Harrison St., Quincy, IL
(Telephone) 217-228-1950 **Fax #** 217-222-6053

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name & ID Number Clinton Manor Living Centers, Inc. # 0033159 Report Period Beginning: 01/01/17 Ending: 12/31/17

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 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	35	Skilled (SNF)	35	12,775	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4	4	Intermediate/DD	4	1,460	4
5	51	Sheltered Care (SC)	51	18,615	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 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	5,775	3,951	750	10,476	8
9	SNF/PED					9
10	ICF	1,460			1,460	10
11	ICF/DD	17,964	134		18,098	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	25,199	4,085	750	30,034	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 91.43%

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? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [X] NO [ ]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [X] 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 [X]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 35 and days of care provided 700

Medicare Intermediary Mutual Of Omaha

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/17 Fiscal Year: 12/31/17

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

Facility Name & ID Number Clinton Manor Living Centers, Inc. # 0033159 Report Period Beginning: 01/01/17 Ending: 12/31/17

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	267,030	27,490	7,291	301,811		301,811		301,811			1
2	Food Purchase		231,283		231,283		231,283	(4,082)	227,201			2
3	Housekeeping	156,480	24,483	595	181,558		181,558		181,558			3
4	Laundry	34,533	7,112		41,645		41,645		41,645			4
5	Heat and Other Utilities			96,824	96,824		96,824		96,824			5
6	Maintenance	121,991	95,592	136,616	354,199		354,199		354,199			6
7	Other (specify):*							(800)	(800)			7
8	TOTAL General Services	580,034	385,960	241,326	1,207,320		1,207,320	(4,882)	1,202,438			8
	B. Health Care and Programs											
9	Medical Director			24,000	24,000		24,000		24,000			9
10	Nursing and Medical Records	3,069,985	285,797	77,933	3,433,715		3,433,715		3,433,715			10
10a	Therapy	48,744		162,278	211,022		211,022		211,022			10a
11	Activities	48,081	44,929		93,010		93,010		93,010			11
12	Social Services	160,535		2,628	163,163		163,163	(3,376)	159,787			12
13	CNA Training		19,694		19,694		19,694		19,694			13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	3,327,345	350,420	266,839	3,944,604		3,944,604	(3,376)	3,941,228			16
	C. General Administration											
17	Administrative	255,170		106,800	361,970		361,970	(106,800)	255,170			17
18	Directors Fees											18
19	Professional Services			378,241	378,241		378,241	(106,800)	271,441			19
20	Dues, Fees, Subscriptions & Promotions			167,744	167,744		167,744	(66,265)	101,479			20
21	Clerical & General Office Expenses	222,894	39,777	35,409	298,080		298,080	(870)	297,210			21
22	Employee Benefits & Payroll Taxes			764,192	764,192		764,192		764,192			22
23	Inservice Training & Education			29,842	29,842		29,842		29,842			23
24	Travel and Seminar			18,231	18,231		18,231		18,231			24
25	Other Admin. Staff Transportation		6,042		6,042		6,042		6,042			25
26	Insurance-Prop.Liab.Malpractice			50,913	50,913		50,913		50,913			26
27	Other (specify):*			18,650	18,650		18,650	(9,805)	8,845			27
28	TOTAL General Administration	478,064	45,819	1,570,022	2,093,905		2,093,905	(290,540)	1,803,365			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,385,443	782,199	2,078,187	7,245,829		7,245,829	(298,798)	6,947,031			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 Centers, Inc. #0033159 Report Period Beginning: 01/01/17 Ending: 12/31/17

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			178,065	178,065		178,065	28	178,093			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			96,462	96,462		96,462	(195)	96,267			32
33	Real Estate Taxes			31,564	31,564		31,564		31,564			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			32,965	32,965		32,965		32,965			35
36	Other (specify):*			2,907	2,907		2,907	(2,907)				36
37	TOTAL Ownership			341,963	341,963		341,963	(3,074)	338,889			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		60,129	1,758	61,887		61,887		61,887			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops		10,590		10,590		10,590		10,590			41
42	Provider Participation Fee			225,698	225,698		225,698		225,698			42
43	Other (specify):*			59,443	59,443		59,443	(59,443)				43
44	TOTAL Special Cost Centers		70,719	286,899	357,618		357,618	(59,443)	298,175			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,385,443	852,918	2,707,049	7,945,410		7,945,410	(361,315)	7,584,095			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 Centers, Inc. # 0033159 Report Period Beginning: 01/01/17 Ending: 12/31/17

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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(3,082)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space	(800)	7		6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	28	30		9
10	Interest and Other Investment Income	(195)	32		10
11	Discounts, Allowances, Rebates & Refunds	(1,000)	2		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,343)	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	(1,005)	36		18
19	Entertainment				19
20	Contributions	(3,685)	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	(55,758)	43		24
25	Fund Raising, Advertising and Promotional	(66,265)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(5,548)	27		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(9,062)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (147,715)		$	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 Amount	2 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
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (147,715)		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 Yes	2 No	3 Amount	4 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 Centers, Inc.

ID# 0033159

Report Period Beginning: 01/01/17

Ending: 12/31/17

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Bank fees	$ (2,914)	27	1
2	Amortization of Loan Costs	(1,902)	36	2
3	CSS Labor-Admin Progr.	(3,376)	12	3
4	CSS Labor-Admin Asst	(870)	21	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
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**	(9,062)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Clinton Manor Living Centers, Inc. # 0033159 **Report Period Beginning:** 01/01/17 **Ending:** 12/31/17

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(4,082)	0	0	0	0	0	0	0	0	0	0	(4,082)	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):*	(800)	0	0	0	0	0	0	0	0	0	0	(800)	7
8	**TOTAL General Services**	(4,882)	0	0	0	0	0	0	0	0	0	0	(4,882)	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	0	0	0	0	0	0	0	0	0	0	0	0	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	(3,376)	0	0	0	0	0	0	0	0	0	0	(3,376)	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**	(3,376)	0	0	0	0	0	0	0	0	0	0	(3,376)	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	(66,265)	0	0	0	0	0	0	0	0	0	0	(66,265)	20
21	Clerical & General Office Expenses	(870)	0	0	0	0	0	0	0	0	0	0	(870)	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):*	(9,805)	0	0	0	0	0	0	0	0	0	0	(9,805)	27
28	**TOTAL General Administration**	(76,940)	(213,600)	0	0	0	0	0	0	0	0	0	(290,540)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(85,198)	(213,600)	0	0	0	0	0	0	0	0	0	(298,798)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Clinton Manor Living Centers, Inc. # 0033159 **Report Period Beginning:** 01/01/17 **Ending:** 12/31/17

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	(195)	0	0	0	0	0	0	0	0	0	0	(195)	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):*	(2,907)	0	0	0	0	0	0	0	0	0	0	(2,907)	36
37	**TOTAL Ownership**	(3,074)	0	0	0	0	0	0	0	0	0	0	(3,074)	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):*	(59,443)	0	0	0	0	0	0	0	0	0	0	(59,443)	43
44	**TOTAL Special Cost Centers**	(59,443)	0	0	0	0	0	0	0	0	0	0	(59,443)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(147,715)	(213,600)	0	0	0	0	0	0	0	0	0	(361,315)	45

Facility Name & ID Number Clinton Manor Living Centers, Inc. # 0033159 Report Period Beginning: 01/01/17 Ending: 12/31/17

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			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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
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	24,147	WDM Computer Services, Inc.	0.00%	24,147		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			$ 237,747			$ 24,147	$ * (213,600)	14

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

Facility Name & ID Number Clinton Manor Living Centers, Inc. # 0033159 Report Period Beginning: 01/01/17 Ending: 12/31/17

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
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25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Clinton Manor Living Centers, Inc. # 0033159 Report Period Beginning: 01/01/17 Ending: 12/31/17

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	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Michael Greer	Vice President	Owner	12.50	0	14	33.00	Wages	$ 9,750	17-1	1
2	Blain Richard	President	Owner	25.00	0	10	25.00	Wages	19,500	17-1	2
3	Ann Reis	n/a	Owner	25.00	0	0	0.00	n/a	0	17-1	3
4	Dave Reis	Treasurer	Board Member	0.00	0	10	25.00	Wages	19,500	17-1	4
5	Michael Brave	Administrator	Administrator	25.00	0	40	100.00	Wages	91,262	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	0.00	Wages	9,750	17-1	10
11	See Attatched List (Pg 28)										11
12											12
13								TOTAL	$ 576,962		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 Centers, Inc. # 0033159 Report Period Beginning: 01/01/17 Ending: 12/31/17

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 [X]

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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 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 Centers, Inc. # 0033159 Report Period Beginning: 01/01/17 Ending: 12/31/17

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	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	$ 1,805,753	03/10/26	4.5000	$ 57,254	1
2	First National Bank		X	New Storage Shed	$1,177.54	12/16/11	18,949		01/16/17	5.1250	593	2
3	First National Bank		X	Refinance & 2nd Mortgage	$12,684.00	12/31/06	1,305,581		11/07/17	5.1250	6,449	3
4												4
5	See List		X	See List	See List	See List	136,294	85,213	See List	Various	840	5
	Working Capital											
6												6
7	Owners	X		Cash Flow	Interest Only	04/13/07	48,000	400,000	12/31/15	5.2500	21,000	7
8	See List		x	See List	See List	See List	650,000	217,091	See List	Various	10,326	8
9	TOTAL Facility Related				$35,144.84		$ 4,102,634	$ 2,508,057			$ 96,462	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$ 4,102,634	$ 2,508,057			$ 96,462	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 Centers, Inc. **#** 0033159 **Report Period Beginning:** 01/01/17 **Ending:** 12/31/17

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2016 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 26,042	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.)		$ 28,065	2
3. Under or (over) accrual (line 2 minus line 1).		$ 2,023	3
4. Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 29,541	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.		$ 31,564	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2012	21,582	8
	2013	22,214	9
	2014	22,083	10
	2015	21,790	11
	2016	26,042	12

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2016	$	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.

2016 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Clinton Manor Living Centers, 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 2016 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 2016.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	11-10-18-178-002	Nursing Home	$ 21,682.69	$ 21,682.69
2.	11-10-18-175-023	Office Building	$ 2,594.96	$ 2,594.96
3.	11-10-18-175-024	Nursing Home Offices	$ 2,312.51	$ 2,312.51
4.	11-10-18-175-021	Nursing Home Offices	$ 2,950.66	$ 1,475.33
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 29,540.82	$ 28,065.49

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 2016 tax bills which were listed in Section A to this statement. Be sure to use the 2016 tax bill which is normally paid during 2017.

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 Centers, Inc. # 0033159 Report Period Beginning: 01/01/17 Ending: 12/31/17

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? [X] (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? [X] (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 [X] 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 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Nursing Home	26,669	1987	$ 66,000	1
2					2
3	TOTALS	26,669		$ 66,000	3

Facility Name & ID Number Clinton Manor Living Centers, Inc. # 0033159 Report Period Beginning: 01/01/17 Ending: 12/31/17

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	69		1987	1969	$ 594,000	$ 19,800	30	$ 19,800	$	$ 594,000	4
5	12		1991	1991	511,306	17,096	30	17,044	(52)	447,194	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	2,600	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	1,622	20	1,622		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		93,151	21
22	DINING ROOM REMODEL			2001	84,135	4,207	20	4,207		67,659	22
23	Kitchen Improvements			2004	3,852	197	20	193	(4)	2,672	23
24	Flooring			2004	2,790		10			2,790	24
25	Laundry Building			2004	106,437	5,322	20	5,322		71,402	25
26	Bathroom Flooring			2005	3,650	183	20	183		2,327	26
27	Concrete			2005	2,367		10			2,367	27
28	Flooring			2005	3,032	152	20	152		1,882	28
29	Bathroom Remodel			2005	3,550	177	20	178	1	2,174	29
30	Roof Repairs			2005	4,225	211	20	211		2,605	30
31	Flooring			2006	5,960	298	20	298		3,576	31
32	New A/C Units			2006	6,141	412	15	410	(2)	4,769	32
33	New Office Building			2006	93,901	3,130	30	3,130		34,948	33
34	Flooring			2007	6,293		8			6,293	34
35	Entrance Canopy			2007	3,765	188	20	188		1,930	35
36	Replace Roof			2007	36,366	909	40	909		9,167	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 Centers, Inc. # 0033159 Report Period Beginning: 01/01/17 Ending: 12/31/17

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Range Hood	2008	$ 8,586	$	7	$	$	$ 8,586	37
38	Alarm System	2008	7,224		8			7,224	38
39	New Patio	2009	3,346	223	15	223		1,840	39
40	Sprinkler	2010	33,827	1,353	25	1,353		10,825	40
41	Nursing Cabinets	2010	2,003	134	15	134		985	41
42	New Deck and Siding	2010	11,361	456	25	454	(2)	3,495	42
43	Hanover Office Building	1997	45,776	1,526	30	1,526		31,408	43
44	Storage Builgind	2011	18,949	486	39	486		3,037	44
45	Fire Door	2012	4,152	106	39	106		630	45
46	Accessibility System	2013	4,265	213	20	213		1,013	46
47	Shower Room 1-Plumbing	2013	8,900	228	39	228		1,065	47
48	Shower Room 1-Labor	2013	4,019	103	39	103		481	48
49	Shower Room 1-Materials	2013	4,836	124	39	124		578	49
50	Shower Room 1-Tile	2013	8,659	222	39	222		1,036	50
51	Shower Room 1-Drawings	2013	415	11	39	11		50	51
52	Shower room 2-Plumbing	2013	5,166	132	39	132		596	52
53	Shower Room 2-Labor	2013	3,690	95	39	95		426	53
54	Shower Room 2-Materials	2013	4,686	120	39	120		541	54
55	Shower Room 2-Electric	2013	3,510	90	39	90		405	55
56	Shower Room 2-Tile	2013	8,876	228	39	228		1,024	56
57	Shower Room 2-Crawings	2013	415	11	39	11		48	57
58	Landscaping	2015	5,292	353	15	353		941	58
59	Landscaping	2015	2,178	145	15	145		375	59
60	Landscaping	2015	9,707	647	15	647		1,672	60
61	New Addition-Sprinkler	2015	32,400	1,620	20	1,620		3,375	61
62	New Addition-Flooring	2015	20,860	1,043	20	1,043		2,173	62
63	New Addition-landscaping	2015	8,524	568	15	568		1,184	63
64	New Addition-Roof	2015	10,370	519	20	518	(1)	1,080	64
65	New Addition-Doors/Windows	2015	17,376	869	20	869		1,810	65
66	New Addition-Plumbing	2015	49,930	2,496	20	2,497	1	5,201	66
67	New Addition-Electrical	2015	87,738	4,387	20	4,387		9,139	67
68	New Addition-General Material/Labor	2015	182,981	4,692	39	4,692		9,775	68
69	Flooring-Therapy Room, Dining area, & 2 ICF/DD Hallways	2016	17,117	1,147	15	1,141	(6)	1,434	69
70	TOTAL (lines 4 thru 69)		$ 2,387,032	$ 84,043		$ 84,078	$ 35	$ 1,626,253	70

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

Facility Name & ID Number Clinton Manor Living Centers, Inc. # 0033159 Report Period Beginning: 01/01/17 Ending: 12/31/17

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 2,387,032	$ 84,043		$ 84,078	$ 35	$ 1,626,253	1
2	Parking Lot Repaving	2016	19,373	1,299	15	1,292	(7)	1,623	2
3	Sprinkler work new addition	2016	2,108	105	20	105		202	3
4	Railing Outside new addition	2016	3,550	177	20	177		340	4
5	Door to Family 3	2016	8,846	442	20	442		737	5
6	Wall Protection/Handrails outside walkway from new addition	2016	5,052	253	20	253		379	6
7	Flooring-Family 1 ICF/DD Group Area	2016	6,412	321	20	321		454	7
8	SNF Dining Flooring & DD Handrails	2017	10,054	502	20	502		502	8
9	Flooring-SNF Hallway and Bath	2017	8,142	375	20	375		375	9
10	SNF Handrails	2017	3,282	123	20	123		123	10
11	Flooring-Back Hall	2017	11,500	431	20	431		431	11
12	Heating Unit	2017	18,284	686	20	686		686	12
13	Rm Heat/Cool in SNF Ctr DD	2017	16,417	479	20	479		479	13
14	Lighting in SNF Hallways	2017	5,058	148	20	148		148	14
15	Flooring-SNF Dining Area	2017	5,637	142	20	142		142	15
16	Windows/Door-Snf Dining Room	2017	10,002	389	15	389		389	16
17	Dining Room Carpentry	2017	22,077	230	8	230		230	17
18	Dining Room Cabinets	2017	10,722	112	8	112		112	18
19	Dining Room Electrical	2017	5,150	29	15	29		29	19
20	New House-Office	2017	88,209	188	39	188		188	20
21	New House/Office-Heating	2017	8,000	44	15	44		44	21
22	New House/Office-Cabinets	2017	3,700	39	8	39		39	22
23	CMLC Sprinklers	2017	25,851	108	20	108		108	23
24	Heat/Air Family 1	2017	12,657	70	15	70		70	24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 2,697,115	$ 90,735		$ 90,763	$ 28	$ 1,634,083	34

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

Facility Name & ID Number Clinton Manor Living Centers, Inc. # 0033159 Report Period Beginning: 01/01/17 Ending: 12/31/17

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	$ 581,218	$ 58,202	$ 58,202	$	8	$ 276,338	71
72	Current Year Purchases	65,287	3,354	3,354		8	3,354	72
73	Fully Depreciated Assets	546,667					546,667	73
74								74
75	TOTALS	$ 1,193,172	$ 61,556	$ 61,556	$		$ 826,359	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 Checy Van	2008	49,936				5	49,936	77
78										78
79	See List	See List	See List	163,919	25,774	25,774		5	68,253	79
80	TOTALS			$ 254,362	$ 25,774	$ 25,774	$		$ 158,696	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)	$ 4,210,649	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 178,065	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 178,093	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)	$ 2,619,138	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 Units	$ 1,047,828	$ 36,183	$ 471,125	86
87					87
88					88
89					89
90					90
91	TOTALS	$ 1,047,828	$ 36,183	$ 471,125	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 Centers, Inc. # 0033159 Report Period Beginning: 01/01/17 Ending: 12/31/17

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 [X] 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

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: *

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.	/2018	$
13.	/2019	$
14.	/2020	$

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

15. Is Movable equipment rental included in building rental? [X] YES [ ] NO
16. Rental Amount for movable equipment: $ 32,965 Description: Postage Machine ($1,489.59), Bed/C Pap Rental ($9,184.15), Copiers ($22,291.09)
    (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 Centers, Inc. # 0033159 Report Period Beginning: 01/01/17 Ending: 12/31/17

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   - [ ] YES
   - [X] NO

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER CNA ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		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.

Facility Name & ID Number Clinton Manor Living Centers, Inc. # 0033159 Report Period Beginning: 01/01/17 Ending: 12/31/17

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	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	$		$ 44,258	$		$ 44,258	1
2	Licensed Speech and Language Development Therapist	10a-3	hrs			36,139			36,139	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a-3	hrs			67,235			67,235	4
5	Physician Care		visits							5
6	Dental Care	10a-3	visits			5,015			5,015	6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	10-2	# of prescrpts				140,647		140,647	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)	10-3	hrs		240	12,115		240	12,115	10
11	Academic Education		hrs							11
12	Other (specify): Other Pysch Services	10-3				1,936			1,936	12
13	Other (specify): Pediatrist	10-3				230			230	13
14	TOTAL			$	240	$ 166,928	$ 140,647	240	$ 307,575	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.

STATE OF ILLINOIS

Facility Name & ID Number Clinton Manor Living Centers, Inc. # 0033159 **Report Period Beginning:** 01/01/17 **Ending:** 12/31/17

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/17 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 396,175	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (33,000))	1,518,950		3
4	Supply Inventory (priced at)	27,487		4
5	Short-Term Investments			5
6	Prepaid Insurance	12,058		6
7	Other Prepaid Expenses	30,682		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,985,352	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	(74,925)		12
13	Land	126,387		13
14	Buildings, at Historical Cost	3,695,986		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,493,491		16
17	Accumulated Depreciation (book methods)	(3,087,762)		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 Loan Org Fees	8,060		22
23	Other(specify): CIP	89,153		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 2,250,390	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 4,235,742	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 262,697	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	100,000		29
30	Accrued Salaries Payable	317,977		30
31	Accrued Taxes Payable (excluding real estate taxes)	3,827		31
32	Accrued Real Estate Taxes(Sch.IX-B)	60,402		32
33	Accrued Interest Payable	4,841		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Def Revenue	125,604		36
37	Payroll Withholdings	(23,058)		37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 852,290	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	202,303		39
40	Mortgage Payable	2,102,216		40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Loans from Owners	400,000		43
44	Rounding	1		44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 2,704,520	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 3,556,810	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 678,932	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 4,235,742	$	48

***(See instructions.)**

Facility Name & ID Number Clinton Manor Living Centers, Inc. # 0033159 **Report Period Beginning:** 01/01/17 **Ending:** 12/31/17

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 507,816	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 507,816	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	678,925	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	(528,433)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) **Rental Divisions**	20,624	15
16	Other (describe) **Rounding**		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 171,116	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)**	$ 678,932	24 *

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

Facility Name & ID Number Clinton Manor Living Centers, Inc. # 0033159 Report Period Beginning: 01/01/17 Ending: 12/31/17

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

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 8,277,530	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 8,277,530	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	99,034	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 99,034	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	9,080	12
13	Barber and Beauty Care		13
14	Non-Patient Meals	3,082	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,830	17
18	Sale of Supplies to Non-Patients		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)**	$ 13,992	23
	D. Non-Operating Revenue		
24	Contributions	14,000	24
25	Interest and Other Investment Income***	195	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 14,195	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Attached	219,585	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 219,585	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 8,624,336	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,207,320	31
32	Health Care	3,944,604	32
33	General Administration	2,093,905	33
	B. Capital Expense		
34	Ownership	341,963	34
	C. Ancillary Expense		
35	Special Cost Centers	131,920	35
36	Provider Participation Fee	225,698	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 7,945,410	40
41	**Income before Income Taxes (line 30 minus line 40)****	678,926	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 678,926	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 7,252,611	44
45	Private Pay - Net Inpatient Revenue	697,119	45
46	Medicare - Net Inpatient Revenue	327,800	46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 8,277,530	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 Centers, Inc. # 0033159 Report Period Beginning: 01/01/17 Ending: 12/31/17

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,896	2,112	$ 86,131	$ 40.78	1
2	Assistant Director of Nursing					2
3	Registered Nurses	21,209	22,524	603,164	26.78	3
4	Licensed Practical Nurses	21,542	22,823	549,348	24.07	4
5	CNAs & Orderlies	36,400	38,701	537,155	13.88	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,907	2,027	48,744	24.05	8
9	Activity Director					9
10	Activity Assistants	3,344	3,567	48,081	13.48	10
11	Social Service Workers	3,965	4,400	77,402	17.59	11
12	Dietician					12
13	Food Service Supervisor	1,892	2,088	55,133	26.40	13
14	Head Cook					14
15	Cook Helpers/Assistants	12,422	13,259	170,344	12.85	15
16	Dishwashers	4,052	4,180	41,553	9.94	16
17	Maintenance Workers	3,652	5,401	121,991	22.59	17
18	Housekeepers	13,789	14,473	156,480	10.81	18
19	Laundry	2,721	2,849	34,533	12.12	19
20	Administrator	1,912	2,088	105,407	50.48	20
21	Assistant Administrator					21
22	Other Administrative	1,897	2,088	149,763	71.73	22
23	Office Manager					23
24	Clerical	8,786	9,854	222,894	22.62	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	6,689	7,151	167,809	23.47	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)	73,209	77,545	1,095,561	14.13	30
31	Medical Records					31
32	Other Health C: Ex Director	1,896	2,088	83,133	39.81	32
33	Other(specify) Transportation	2,163	2,259	30,817	13.64	33
34	TOTAL (lines 1 - 33)	225,343	241,477	$ 4,385,443 *	$ 18.16	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	144	$ 7,291	1-3	35
36	Medical Director	Contract	24,000	9-3	36
37	Medical Records Consultant	16	880	10-3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Contract	5,926	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	2,628	12-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	200	$ 40,726		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 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 Centers, Inc. # 0033159 Report Period Beginning: 01/01/17 Ending: 12/31/17

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Michael Brave	CEO	25.00	$ 91,262
Michael Greer	Owner	12.5	9,750
David Reis	Owner	25.00	19,500
Gayle Greer	Owner	12.5	9,750
Blain Richard	Owner	25.00	19,500
Cheryl Smith	Administrator	0	105,407
Rounding			1
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 255,170

B. Administrative - Other

Description	Amount
Brave Management	$ 106,800
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	$ 106,800

C. Professional Services

Vendor/Payee	Type	Amount
RDR Management	Management	$ 106,800
D.A Reis LLC	Management	106,800
Greer Management	Management	106,800
WDM Computer Svcs	Data Processing	24,147
Timetrak	Software Support	6,908
Ability	Software Support	2,584
Google	Software Support	1,566
Benefit Services	ACA Compliance	5,419
Giffen, Winning, Bodewes	Legal	3,601
See List Attached	See List	9,276
Novogradac & Co.	Legal	1,340
SB2	Legal	3,000
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)		$ 378,241

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 75,763
Unemployment Compensation Insurance	37,725
FICA Taxes	321,630
Employee Health Insurance	305,148
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Deffered Compensation	3,500
401 (k) Match	4,954
Employee Physicals	12,340
Employee Benefits-Other	422
Employee Tamaflu	
Employee B-Days	1,510
Employee Gifts	1,200
TOTAL (agree to Schedule V, line 22, col.8)	$ 764,192

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
n/a		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 1,990
Advertising: Employee Recruitment	18,645
Health Care Worker Background Check	3,598
(Indicate # of checks performed 25)	
Patient Background Checks 48	
Promo Public Relations	66,265
Employee Drug Test	135
See List Attached	77,111
Less: Public Relations Expense	(66,265)
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 101,479

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	
See List Attached	18,231
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 18,231

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Clinton Manor Living Centers, Inc. # 0033159 Report Period Beginning: 01/01/17 Ending: 12/31/17

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 $5440.08, IHCA $5634.00**

(3) Did the nursing home make political contributions or payments to a political action organization? **Yes** If YES, have these costs been properly adjusted out of the cost report? **Yes**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **No** If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **15**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **67,793** 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. $ **225,698**
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. $ **3,082**

(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. $ **20,909**
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

Clinton Manor Living Center, Inc.
01/01/17 thru 12/31/17
0033159

Schedule VII Attatchment

Name	Function	Nursing Home	Ownership Interest	Compensation from other Nursing Homes	Interest Income
D.A. Reis LLC	Management	Southern Illinois Comm. Support Services.	0	$30,169.63	
Greer Management	Management	Southern Illinois Comm. Support Services.	0	$30,169.63	
Advanced Options	Management	Southern Illinois Comm. Support Services.	0	$60,339.31	
RDR Management	Management	Southern Illinois Comm. Support Services.	0	$30,169.63	
David Reis	Owner	Southern Illinois Living Center, Inc.	25		$6,250.00
Gail Greer	Owner	Southern Illinois Living Center, Inc.	12.5		$3,125.00
Mike Greer	Owner	Southern Illinois Living Center, Inc.	12.5		$3,125.00
Michael Brave	Owner	Southern Illinois Living Center, Inc.	25		$6,250.00
Blain Richard	Owner	Southern Illinois Living Center, Inc.	25		$6,250.00

Clinton Manor Living Center, Inc.
01/01/17 thru 12/31/17
0033159

The following is a breakdown of the reclassifications:

1. Reclass $

2. Reclass $

3. Reclass $

4. Reclass $

5. Reclass $

6. Reclass $

7. Reclass $

8. Reclass $

9.

10

11

Clinton Manor Living Center, Inc.
01/01/17 thru 12/31/17
0033159

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

Repairs & Maint. Dietary	$0.00
Repairs & Maint. Laundry	$2,757.14
Repairs & Maint. Housekeeping	$0.00
Repairs & Maint. Outside services	$72,898.33
Repairs & Maint. Building	$22,018.55
Repairs & Maint. Equipment	$22,947.64
Repairs & Maint. Wheelchairs	$271.86
Repairs & Maint. Ground	$3,309.45
Repairs & Maint. Gen/Amdin.	$12,413.13
	$136,616.10

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

Telephone	$31,961.01
Copier	$214.56
Printing Exp.	$857.70
Postage	$2,375.34
	$35,408.61

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

Amortization of Loan Costs	$1,902.38
Fines/Penalties	$1,004.77
Political Contributions	$0.00
Rounding	$0.00
	$2,907.15

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

Bad Debt Expense	$55,757.90
Contributions	$3,685.00
	$59,442.90

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

Sales Tax	$1,343.00
State Replacement Tax	$5,548.00
Meetings Exp, (food)	$6,692.72
Misc Exp	$2,152.79
Bank Fees	$2,913.96
Rounding	
	$18,650.47

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

Mileage reimbursement (administrative)	$6,042.13
(See List Attached)	$6,042.13

The following is a breakdown of Schedule XVII Line 28a

CSS Labor: Admin. Program		$3,376.00
CSS Labor: Admin. Assist.		$870.00
CSS Labor: Nursing Labor		$0.00
CSS Labor: Maintenance		$0.00
Nursing Supplies		$555.75
Misc. Revenue		$11,273.38
Pursonal Purchases Inome		$0.00
Office Lease		$800.00
Discounts/Rabates		$1,000.00
In-House Day Training Revenue		$180,738.21
Gain/Loss on Sale of Asset		$0.00
Income from Transportation	(IDPA Trans. Repymt)	$20,905.84
In-service Training Revenue		$0.00
Education Reimbursement		$0.00
Activity Income		$65.96
Rounding		
		$219,585.14

The following is a breakdown of Schedule XIX, Section F

AANAC	Membership	$238.00
AMAZON PRIME	Membership	$99.00
IARF	Membership	$5,440.08
IHCA	Membership	$5,634.00
SAMS CLUB	Membership	$733.75
IL Nursing Home Assoc	Membership	$200.00
Therap	Subscriptions	$7,698.00
Subscriptions		$744.60
Home Oweners Assoc	Dues	$300.00
Safe Deposit Box		$80.00
IL State Chamber of Commerce	Dues	$500.00
Institue on Public Policy for People with Disabilities		$6,990.02
IL Association of Rehabilition	Dues	$10,000.00
The Arc	Dues	$500.00
Dietary Mngr Cert	Licenses	$27.02
Village of New Baden	Licenses	$25.00
Sec of State	Licenses	$1,408.96
ANFP	License Cert	$157.00
IDPH Plan Review	review plans for Generator	$2,400.00
Direct Supply	Maint Software License	$1,164.00
Trend	Anti-Virus Software License	$3,149.25
Pinknotes	Messaging Software License	$209.65
MITC	Payroll Software License	$10,000.00
Sigma Care	Software License	$19,094.64
IDFPR	Licenses	$163.76
Clinton County Health Department	County Food Permit	$155.00
Rounding		-$1.00
		$77,110.73

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

HM Legacy	HR Support	$100.00
Peggy Litiken	Clerical Support	$2,445.00
TriStar	HR Tool	$490.00
Anderson Conulting	Energy Consulting	$1,800.00
Hartford/Mass Mu	Retirement Plan Admin	$955.00
IL Pioneer Coalition	SNF Support	$150.00
OnShift	Payroll Software Support	$2,994.72
Techno Solutions	Web Design	$92.50
ProActiveMe	Facility assesment tool	$250.00
Rounding		-$1.00
		$9,276.22

Schedule XIII, Section A.

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

Schedule XI, Section D.

	Use	Make, Model and Year	Year Acquired	Cost	Current Book Depreciation	Striaght Line Depreciation	Adjustments	Life in Years	Accumulated Depreciation
79	Facility Use	01 Ford F150	2011	$6,385.08	$0.00	$0.00		5	$6,385.08
80	Facility Use	2015 Ford E-350	2014	$60,526.66	$12,105.36	$12,105.36		5	$37,324.84
81	Facility Use	2015 Dodge Caravan	2015	$43,500.60	$8,700.12	$8,700.12		5	$19,575.27
82	Facility Use	2005 Jeep	2017	$15,280.47	$1,782.70	$1,782.70		5	$1,782.70
83	Facility Use	2017 Dodge Caravan	2017	$38,225.97	$3,185.50	$3,185.50		5	$3,185.50
				$163,918.78	$25,773.68	$25,773.68	$0.00		$68,253.39

Advanced	GMS	RDR	DAR	
4788	2393.99	2393.99	2393.99	1
6084.52	3042.26	3042.26	3042.26	2
4720.45	2360.22	2360.22	2360.22	3
5094.3	2547.15	2547.15	2547.15	4
5029.26	2514.63	2514.63	2514.63	5
5031.54	2515.76	2515.76	2515.76	6
5041.38	2520.69	2520.69	2520.69	7
4999.9	2499.95	2499.95	2499.95	8
4974.42	2487.21	2487.21	2487.21	9
4696.34	2348.17	2348.17	2348.17	10
4937.76	2468.88	2468.88	2468.88	11
4941.44	2470.72	2470.72	2470.72	12
60339.31	30169.63	30169.63	30169.63	150848.2

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ıme of Lend	Related**		Purpose of Loan	Payment	Date of	Amount of Note		Maturity	Rate	Interest
	YES	NO		Required	Note	Original	Balance	Date	(4 Digits)	Expense
A. Directly Facility Related										
Long-Term										
First County Bank	X		2015 Bus	$955.00	10/31/2014	$54,492.00	$21,543.80	11/1/2019	2.0000%	$527.51
Crysler Capital	X		2015 Dodge Caravan	$604.18	11/12/2015	$43,500.00	$27,791.92	10/12/2021	0.0000%	$0.00
First County Bank	X		2017 Dodge Caravan	$675.00	8/15/2017	$38,301.97	$35,877.00	8/15/2022	2.2000%	$312.79
						$136,293.97	$85,212.72			$840.30
Working Capital										
First National Bank	X		Cash Flow	$1,090.94	11/13/2013	150,000.00	117,090.76	11/13/2016	3.7500%	$4,549.11
First National Bank	X		Cash Flow	$3,713.69	7/21/2014	500,000.00	100,000.00	11/1/2018	4.0000%	$5,776.81
						$650,000.00	$217,090.76			$10,325.92

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

Date	Training	Instructor	Purchased	Purchased By	Place	Total
1/16/2017	CPR	K.Green	Manuals/Cert Cards	K.Green		123.20
1/18/2017	CPR	K.Green	Manuals/Cert Cards	K.Green		168.10
2/7/2017	Food Sanitation	S. Reineck	Certification	G. Coney		175.00
3/7/2017	CPR	K.Green	CPR Supplies	K.Green		505.98
3/11/2017	CPR	K.Green	Manuals/Cert Cards	K.Green		300.30
3/13/2017	CPR	K.Green	Instructor Recertification	K.Green		75.00
3/14/2017	CQL		Food	L. Bunch		36.66
4/7/2017	AANAC	Online	Medicare Training	D. Loomis		140.00
4/8/2017	CPR	K.Green	Manuals/Cert Cards	K.Green		98.75
4/10/2017	CQL		2 Books	M. Brave		62.00
4/13/2017	AANAC		Webinar	D. Loomis		140.00
5/1/2017	DSP		Headphones	C. Leonard		11.47
5/2/2017	DSP Course	Online	OnLine Training	C. Leonard		400.00
5/10/2017	Sanitation Course	Online	Sanitation Course	G. Coney		8.95
5/30/2017	Admin. & Nursing		Procedure Manuals	C. Smith		24.30
6/10/2017	Admin. & Nursing		Procedure Manuals	C. Smith		839.70
6/12/2017	DSP Course	Online	OnLine Training	C. Leonard		400.00
6/15/2017	DSP Course	Online	OnLine Training	C. Leonard		400.00
6/21/2017	Infection Control		P&P Manual	C. Smith		259.12
7/6/2017	Optum360		Billing Manuals	M. Holtgrave		351.58
7/7/17-3/6/17	CE Solutions		Training Web Site Contract	M. Brave		3,514.22
7/11/2017	IL Chamber of Commerc	Webinar	Pre-employment Webinar	T. Smith		110.00
7/19/2017	Emergency Mgt.		Manuals	M. Brave		395.50
7/30/2017	CPR	K. Green	Manuals/Cert. Cards	K. Green		708.89
7/30/2017	CPR	K. Green	Manuals/Cert. Cards	K. Green		148.65
8/3/2017	CHUG		Membership	M. Brave		550.00
8/9/2017	IARF Webinar	Online	SS Benefits	J. Lopresto		199.13
8/30/2017	Il Food Handler	Online	Food Handeling	G. Hodges		17.90
9/26/2017	DSP	Online	Online Training	C. Leonard		400.00
10/3/2017	DSP	Online	Online Training	C. Leonard		400.00
10/1/2017	CPR	K. Green	Manuals/Cert. Cards	K. Green		363.15
10/6/2017	Emergency Mgt.		Manuals	M. Brave		212.47
10/8/2017	NAB	D. Loomis	Study Guide	D. Loomis		150.00
10/12/2017	DSP Course	Online	Online Training	C. Leonard		400.00
10/9/2017	DSP Course	Online	Online Training	C. Leonard		400.00
11/8/2017	DSP Course	Online	Online Training	C. Leonard		400.00
11/8/2017	Team Building	Sara G.	Escape Room Game	S. Gerstner		32.10
11/28/2017	DSP Course	Online	Online Training	C. Leonard		400.00
11/12/2017	CPR	K.Green	Manuals/Cert. Cards	K. Green		170.10
11/27/2017	Clarivate Tech		Guidelines	M. Brave		55.00
12/11/2017	DSP x 2	Online	Online Training	C. Leonard		800.00
12/12/2017	CDP	Online	Online Training	D. Loomis		100.00
12/1/2017	DSP Trinaing		Online Training	SIU-Carbondale		800.00
12/1/2017	Education-Tuition Assistance					14,594.42

29,841.64

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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	rfare/ Mila	Perdiem	Meals	Hotel	Taxi/Gas	Other	Total
1/24/2017	QIPD Leadership	Alsip, IL	Kayla Taylor						111.00		123.17			234.17
			Kevin Arentsen						111.00		123.17			234.17
1/30/2017	IL Council on Long Term C	Springfield, IL	Cheryl Smith				175.00			13.63				188.63
	HCCI		Darla Loomis				175.00							175.00
3/7/2017	Institute Board Meeting	Bolingbrook, IL	Michael Brave								236.60			236.60
			Jim Lopresto								210.60			210.60
3/15/2017	IL Healthcare Association	Springfield, IL	Darla Loomis				395.00			22.51	107.35			524.86
3/27-29/2017	Pioneer Coalition Summit	Springfield, IL	Sara Gerstner				75.00			28.35	123.17			226.52
			Mara Jackson				195.00			26.16	123.17			344.33
			Victoria Woods				195.00			12.20	123.17			330.37
3/29/2017	Employee Policy Review	Edwardsville, IL	Sara Gerstner				199.00							199.00
														0.00
3/29/2017	Discovering Your Communication Style	Belleville, IL	Tonya Smith				175.00							175.00
														0.00
5/3-5/2017	AANAC Conference	St. Louis, MO	Darla Loomis				405.00							405.00
			Kristie Green				405.00							405.00
			Alicia Jansen				405.00							405.00
													77.70	77.70
6/6-6/7/17	A Day Long Look At Assistive Technologh	Tinley Park, IL	Cristal Leonard				218.00			17.14	232.94			468.08
			Marshall Crocken							44.32	232.94			277.26
										62.56				62.56
												40.00		40.00
6/15-16/17	Emergency 911-R U Read	Peoria, IL	Michael Brave				95.00			120.13	224.00			439.13
6/21/2017	IARF Meeting	Springfield, IL	Michael Brave	Jim Lopresto						27.89				27.89
7/11-13/2017	Pathway Health	O'Fallon, IL	Alichia Jansen				575.00							575.00
	MDS/RAC Certification		Kristie Green				575.00							575.00
6/2017	CREDIT						-1150.00							-1150.00
8/10/17	ROP-Aviston	Aviston, IL	Darla Loomis	Kristie Green	Cheryl Smith		625.00							625.00
			Alicia Jansen	Mara Jackson										
8/23/17	IARF	Springfield, IL	Michael Brave	Jim Lopresto						30.17				30.17
8/28/17	EEOC.Gov	St. Louis, MO	Sara Gerstner				175.00							175.00
10/31/17	Credit	St. Louis, MO	Sara Gerstner				-175.00							-175.00
8/29/17	Alzheimers Care	Breese, IL	Kayley Wilhelm	Mara Jackson			400.00							400.00
9/11-14/2017	IHCA	Peoria, IL	Michael Brave	Sara Gerstne	Margie Holtgrav	Mara Jacks	795.00			1935.38	4119.12	72.70		6922.20
			Noel Koller	Cristal Leona	Darla Loomis	Mary Miller								
			Cheryl Smith											
10/11-13/2017	IARF	Springfield, IL	Sara Gerstner	Michael Brav	Jim Lopresto	Kevin Aren	1537.00			1080.15	1570.70	80.51		4268.36
			Kayla Taylor											
11/8/2017	Conflict & Confrontation	St. Louis, MO	Kevin Arentsen	Noel Koller			298.00							298.00
														18230.60