FOR BHF USE

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2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2020)

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: 0047225

Facility Name: Centralia Manor

Address: 1910 E McCord Rt161E (Number) Centralia (City) 62801 (Zip Code)

County: Marion

Telephone Number: (618) 533-1200 **Fax #** (618) 533-1257

HFS ID Number:

Date of Initial License for Current Owners: 06/29/05

Type of Ownership:

X	VOLUNTARY,NON-PROFIT		PROPRIETARY		GOVERNMENTAL
X	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code	501 (c) (3)		Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Ron Wilson **Telephone Number:** (309) 343-1550
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 10/1/2019 to 9/30/2020 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) Sherri Miller
(Title) LTC CEO

Paid Preparer

(Signed) SEE ACCOUNTANTS' COMPILATION REPORT (Date)
(Print Name and Title) Larry Templin, Partner
(Firm Name & Address) Templin Healthcare Accounting Services, LLP, P.O. Box 326, Plainfield, IL 60544-0326
(Telephone) (630) 361-2868 Fax # ( )

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Centralia Manor # 0047225 Report Period Beginning: 10/1/2019 Ending: 9/30/2020

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	120	Skilled (SNF)	120	43,920	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	120	TOTALS	120	43,920	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	13,498	10,661	9,020	33,179	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	13,498	10,661	9,020	33,179	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 75.54%

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)
None

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [X] Non-allowable costs have been eliminated in Schedule V, Column 7

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 7/1/05

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 7/1/05 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 120 and days of care provided 8,532

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

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

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

Tax Year: 9/30/2020 Fiscal Year: 9/30/2020

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Centralia Manor # 0047225 Report Period Beginning: 10/1/2019 Ending: 9/30/2020

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	397,517	36,904	11,836	446,257		446,257		446,257			1
2	Food Purchase		316,190		316,190		316,190	(1,731)	314,459			2
3	Housekeeping	129,122	47,426	34	176,582		176,582		176,582			3
4	Laundry	58,187	12,129		70,316		70,316		70,316			4
5	Heat and Other Utilities			110,104	110,104		110,104		110,104			5
6	Maintenance	101,300	25,352	60,820	187,472		187,472		187,472			6
7	Other (specify):*											7
8	TOTAL General Services	686,126	438,001	182,794	1,306,921		1,306,921	(1,731)	1,305,190			8
	B. Health Care and Programs											
9	Medical Director			22,000	22,000		22,000		22,000			9
10	Nursing and Medical Records	2,580,505	244,698	13,587	2,838,790		2,838,790		2,838,790			10
10a	Therapy											10a
11	Activities	108,697	2,727		111,424		111,424		111,424			11
12	Social Services	63,355			63,355		63,355		63,355			12
13	CNA Training											13
14	Program Transportation			1,573	1,573		1,573		1,573			14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	2,752,557	247,425	37,160	3,037,142		3,037,142		3,037,142			16
	C. General Administration											
17	Administrative	89,758			89,758		89,758		89,758			17
18	Directors Fees							1,285	1,285			18
19	Professional Services			381,386	381,386		381,386	2,546	383,932			19
20	Dues, Fees, Subscriptions & Promotions			33,387	33,387		33,387	(2,439)	30,948			20
21	Clerical & General Office Expenses	124,860	20,501	57,632	202,993		202,993	33	203,026			21
22	Employee Benefits & Payroll Taxes			548,729	548,729		548,729	14	548,743			22
23	Inservice Training & Education			1,431	1,431		1,431		1,431			23
24	Travel and Seminar			881	881		881		881			24
25	Other Admin. Staff Transportation			1,575	1,575		1,575		1,575			25
26	Insurance-Prop.Liab.Malpractice			69,322	69,322		69,322	23,032	92,354			26
27	Other (specify):*											27
28	TOTAL General Administration	214,618	20,501	1,094,343	1,329,462		1,329,462	24,471	1,353,933			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,653,301	705,927	1,314,297	5,673,525		5,673,525	22,740	5,696,265			29

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

SEE ACCOUNTANTS' PREPARATION REPORT

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 Centralia Manor #0047225 Report Period Beginning: 10/1/2019 Ending: 9/30/2020

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 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			290,283	290,283		290,283	246,264	536,547			30
31	Amortization of Pre-Op. & Org.											31
32	Interest							293,177	293,177			32
33	Real Estate Taxes			2,500	2,500		2,500	243,200	245,700			33
34	Rent-Facility & Grounds			902,580	902,580		902,580	(902,580)				34
35	Rent-Equipment & Vehicles			27,899	27,899		27,899	27	27,926			35
36	Other (specify):* MIP Insurance							37,182	37,182			36
37	**TOTAL Ownership**			1,223,262	1,223,262		1,223,262	(82,730)	1,140,532			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation			2,942	2,942		2,942		2,942			38
39	Ancillary Service Centers		347,891	1,063,278	1,411,169		1,411,169		1,411,169			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops			3,491	3,491		3,491	(3,491)				41
42	Provider Participation Fee			212,525	212,525		212,525		212,525			42
43	Other (specify):* Disallowed Costs	39,693		196,159	235,852		235,852	(197,801)	38,051			43
44	**TOTAL Special Cost Centers**	39,693	347,891	1,478,395	1,865,979		1,865,979	(201,292)	1,664,687			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	3,692,994	1,053,818	4,015,954	8,762,766		8,762,766	(261,282)	8,501,484			45

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

SEE ACCOUNTANTS' PREPARATION REPORT

Centralia Manor

Period Beginning 10/1/2019
Period End 9/30/2020

Schedule 4A

V. Cost Center Expenses

		Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	Ancillary Expense											
	E. Special Cost Centers											
43	Other (specify):*				0		0		0			
	Laboratory/Expenses			23,240	23,240		23,240		23,240			
	Radiology Expenses			14,811	14,811		14,811		14,811			
	Non-Allowable Expenses	39,693		158,108	197,801		197,801	(197,801)	0			
					0		0		0			
					0		0		0			
	TOTAL Other Special Cost Centers	39,693	0	196,159	235,852	0	235,852	(197,801)	38,051			

Facility Name & ID Number Centralia Manor # 0047225 Report Period Beginning: 10/1/2019 Ending: 9/30/2020

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 Refer-ence	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(1,731)	2		4
5	Telephone, TV & Radio in Resident Rooms	(12,113)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(621)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				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	(2,538)	20		17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(124,743)	43		24
25	Fund Raising, Advertising and Promotional	(21,252)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Page 5A	(70,094)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (233,092)		$	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)	(28,190)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (28,190)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (261,282)		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.		X	$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44						44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

SEE ACCOUNTANTS' PREPARATION REPORT

Centralia Manor

ID# 0047225

Report Period Beginning: 10/1/2019

Ending: 9/30/2020

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Offset Vending Expenses Against Income	$ (3,491)	41	1
2	Disallow Marketing Wages	(39,693)	43	2
3	Disallow R/E Entity Professional Fees	(26,910)	19	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
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**	(70,094)		49

Facility Name & ID Number Centralia Manor # 0047225 Report Period Beginning: 10/1/2019 Ending: 9/30/2020

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
None	N/A	Unlimited Development, Inc (UDI)		See Page 6 Supplemental		
		Community Living Options, Inc. (CLO)				
		See Page 6 Supplemental for specific homes				

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. [X] 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	18	Director Fees	$	Unlimited Development, Inc.	100.00%	$ 1,285	$ 1,285	1
2	V	19	Professional Fees		Unlimited Development, Inc.	100.00%	2,546	2,546	2
3	V	20	Dues, Licenses and Subs		Unlimited Development, Inc.	100.00%	24	24	3
4	V	21	General Admin Expense		Unlimited Development, Inc.	100.00%	33	33	4
5	V	22	Employee Benefits		Unlimited Development, Inc.	100.00%	14	14	5
6	V	26	Property Insurance		Unlimited Development, Inc.	100.00%	1,812	1,812	6
7	V	35	Equipment Rental		Unlimited Development, Inc.	100.00%	27	27	7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$			$ 5,741	$ * 5,741	14

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Centralia Manor # 0047225 Report Period Beginning: 10/1/2019 Ending: 9/30/2020

VII. RELATED PARTIES (continued)

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. [X] 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)	
15	V	19	Professional Fees		Centralia East McCord, LLC	N/A	$ 26,910	$ 26,910	15
16	V	20	Dues, Fees, Subs & Prom		Centralia East McCord, LLC	N/A	75	75	16
17	V	26	Property Insurance		Centralia East McCord, LLC	N/A	21,220	21,220	17
18	V	30	Depreciation		Centralia East McCord, LLC	N/A	246,264	246,264	18
19	V	32	Interest Expense	297	Centralia East McCord, LLC	N/A	273,001	272,704	19
20	V	32	Loan Fee Amortization		Centralia East McCord, LLC	N/A	21,094	21,094	20
21	V	33	Property Taxes		Centralia East McCord, LLC	N/A	243,200	243,200	21
22	V	34	Facility Rent	902,580	Centralia East McCord, LLC	N/A		(902,580)	22
23	V	36	Mortgage Insurance		Centralia East McCord, LLC	N/A	37,182	37,182	23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 902,877			$ 868,946	$ * (33,931)	39

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Centralia Manor # 0047225 Report Period Beginning: 10/1/2019 Ending: 9/30/2020

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	Community Living Options, Inc.	100%			Allen Court	Clinton	CILA	1
2	Community Living Options, Inc.	100%	Beardstown Terrace	Beardstown				2
3	Community Living Options, Inc.	100%	Bellefontaine Place	Waterloo				3
4	Community Living Options, Inc.	100%	Braun's Terrace	Greenville				4
5	Community Living Options, Inc.	100%	Carthage Terrace	Carthage				5
6	Community Living Options, Inc.	100%	Curtiss Court	Springfield				6
7	Community Living Options, Inc.	100%	Davies Square	Pekin				7
8	Community Living Options, Inc.	100%	Douglas Terrace	Jacksonville				8
9	Community Living Options, Inc.	100%	Edwardsville Terrace	Edwardsville				9
10	Community Living Options, Inc.	100%	Effingham Terrace	Effingham				10
11	Community Living Options, Inc.	100%			Eisenhower Terrace	Jacksonville	CILA	11
12	Community Living Options, Inc.	100%	Freeburg Terrace	Freeburg				12
13	Community Living Options, Inc.	100%	Froehlich House	Galesburg				13
14	Community Living Options, Inc.	100%	Gaines Mill Place	Springfield				14
15	Community Living Options, Inc.	100%	Glenwood Terrace	Springfield				15
16	Community Living Options, Inc.	100%			Hawthorne Terrace	Galesburg	CILA	16
17	Community Living Options, Inc.	100%	Highview Terrace	Paris				17
18	Community Living Options, Inc.	100%	Jacksonville Group Homes:					18
19	Community Living Options, Inc.	100%	Anna Terrace	Jacksonville				19
20	Community Living Options, Inc.	100%	Campbell Court	Jacksonville				20
21	Community Living Options, Inc.	100%	LaFayette Terrace	Jacksonville				21
22	Community Living Options, Inc.	100%	Kepley House	Pittsfield				22
23	Community Living Options, Inc.	100%	Lawrence Place	Lincoln				23
24	Community Living Options, Inc.	100%	Lincoln Terrace	Lincoln				24
25	Community Living Options, Inc.	100%	Maple Terrace	Quincy				25
26	Community Living Options, Inc.	100%	Plonka Terrace	Galesburg				26
27	Community Living Options, Inc.	100%	Quincy Terrace	Quincy				27
28	Community Living Options, Inc.	100%	Schultz House	Danville				28
29	Community Living Options, Inc.	100%	Stevens House	Galesburg				29
30								30

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Centralia Manor # 0047225 Report Period Beginning: 10/1/2019 Ending: 9/30/2020

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	Community Living Options, Inc.	100%	Tanner Place	Paris				1
2	Community Living Options, Inc.	100%	Taylor House	Springfield				2
3	Community Living Options, Inc.	100%	Thelma Terrace	Wood River				3
4	Community Living Options, Inc.	100%	Trulson House	Galesburg				4
5	Community Living Options, Inc.	100%	Vahle Terrace	Jerseyville				5
6	Community Living Options, Inc.	100%	Walsh Terrace	Galesburg				6
7	Community Living Options, Inc.	100%	Wetherell Place	Effingham				7
8	Community Living Options, Inc.	100%	Woodriver Group Homes:					8
9	Community Living Options, Inc.	100%	Aberdeen Terrace	Alton				9
10	Community Living Options, Inc.	100%	Linton Terrace	Wood River				10
11	Community Living Options, Inc.	100%	Madison Terrace	Wood River				11
12	Community Living Options, Inc.	100%	Pershing Terrace	Wood River				12
13	Community Living Options, Inc.	100%			Audrey Court	Clinton	CILA	13
14	Unlimited Development, Inc. (UDI)	100%	Parkway Manor	Marion				14
15	Unlimited Development, Inc. (UDI)	100%			Parkway Estates	Marion	Retirement living ce	15
16	Unlimited Development, Inc. (UDI)	100%	Maryville Manor	Maryvillle				16
17	Unlimited Development, Inc. (UDI)	100%	Shelbyville Manor	Shelbyville				17
18	Unlimited Development, Inc. (UDI)	100%			Liberty Estates of Car	Carbondale	Retirement living ce	18
19	Unlimited Development, Inc. (UDI)	100%	Seminary Manor	Galesburg				19
20	Unlimited Development, Inc. (UDI)	100%			Seminary Estates	Galesburg	Retirement living ce	20
21	Unlimited Development, Inc. (UDI)	100%			Hawthorne Inn of Gal	Galesburg	Assisted Living Faci	21
22	Unlimited Development, Inc. (UDI)	100%	Centralia Manor	Centralia				22
23	Unlimited Development, Inc. (UDI)	100%			Centralia Estates	Centralia Estates	Retirement living ce	23
24	Unlimited Development, Inc. (UDI)	100%	Pittsfield Manor	Pittsfield				24
25	Unlimited Development, Inc. (UDI)	100%	Pekin Manor	Pekin				25
26	Unlimited Development, Inc. (UDI)	100%			Pekin Estates	Pekin	Retirement living ce	26
27	Unlimited Development, Inc. (UDI)	100%	Jerseyville Manor	Jerseyville				27
28	Unlimited Development, Inc. (UDI)	100%	Manor Court of Carbondale	Carbondale				28
29								29
30								30

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Centralia Manor # 0047225 Report Period Beginning: 10/1/2019 Ending: 9/30/2020

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	Unlimited Development, Inc. (UDI)	100%	River Hills Manor	Keokuk, IA				1
2	Unlimited Development, Inc. (UDI)	100%			River Hills Estates	Keokuk, IA	Retirement living ce	2
3	Unlimited Development, Inc. (UDI)	100%			River Hills Inn	Keokuk, IA	Assisted living facili	3
4	Unlimited Development, Inc. (UDI)	100%			Centralia East McCor	Galesburg	Lessor	4
5	Unlimited Development, Inc. (UDI)	100%			Galesburg North Semi	Galesburg	Lessor	5
6	Unlimited Development, Inc. (UDI)	100%			Jerseyville North State	Galesburg	Lessor	6
7	Unlimited Development, Inc. (UDI)	100%			Shelbyville Route 128,	Galesburg	Lessor	7
8	Unlimited Development, Inc. (UDI)	100%			Marion Willimason Co	Galesburg	Lessor	8
9	Unlimited Development, Inc. (UDI)	100%			2245 Seminary Street,	Galesburg	Lessor	9
10	Unlimited Development, Inc. (UDI)	100%			Pittsfield Lowry, LLC	Galesburg	Lessor	10
11	Unlimited Development, Inc. (UDI)	100%			Pekin El Camino, LLC	Galesburg	Lessor	11
12	Unlimited Development, Inc. (UDI)	100%			Keokuk Village Circle,	Galesburg	Lessor	12
13	Unlimited Development, Inc. (UDI)	100%			The Kensington	Galesburg	Supportive Living	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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Centralia Manor # 0047225 Report Period Beginning: 10/1/2019 Ending: 9/30/2020

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	See Attached Schedule 7A								$ 1,285	L18, C7	1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 1,285		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.

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Centralia Manor # 0047225 Report Period Beginning: 10/1/2019 Ending: 9/30/2020

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 [X] NO [ ]

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

Name of Related Organization: Unlimited Development, Inc.
Street Address: 285 S Farnham
City / State / Zip Code: Galesburg, IL 61401
Phone Number: (309) 343-1550
Fax Number: (309) 343-2857

	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	18	Director Fees	Weighted Avg BDA	462,258	19	13,522	$	43,920	$ 1,285	1
2	19	Professional Fees	Weighted Avg BDA	462,258	19	26,790		43,920	2,546	2
3	20	Dues, Licenses and Subs	Weighted Avg BDA	462,258	19	256		43,920	24	3
4	21	General Admin Expense	Weighted Avg BDA	462,258	19	342		43,920	33	4
5	22	Employee Benefits	Weighted Avg BDA	462,258	19	147		43,920	14	5
6	26	Property Insurance	Weighted Avg BDA	462,258	19	19,075		43,920	1,812	6
7	35	Equipment Rental	Weighted Avg BDA	462,258	19	287		43,920	27	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					$ 60,419	$		$ 5,741	25

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Centralia Manor # 0047225 Report Period Beginning: 10/1/2019 Ending: 9/30/2020

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** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	Cambridge Realty Capital						$	$			$	1
2	LTD. of Illinois		X	Facility purchase	$39,235.40	6/1/11	8,626,000	7,374,602	7/1/2046	4.2000	273,001	2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related				$39,235.40		$ 8,626,000	$ 7,374,602			$ 273,001	9
	B. Non-Facility Related*											
10									Amortization Exp		21,094	10
11									Int Income Offset		(918)	11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ 20,176	14
15	TOTALS (line 9+line14)						$ 8,626,000	$ 7,374,602			$ 293,177	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ 37,182 Line # 36

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

SEE ACCOUNTANTS' PREPARATION REPORT

** 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 Centralia Manor # 0047225 Report Period Beginning: 10/1/2019 Ending: 9/30/2020

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2019 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 184,017	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.)	2019	$ 240,287	2
3. Under or (over) accrual (line 2 minus line 1).		$ 56,270	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 186,930	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.)		$ 2,500	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.		$ 245,700	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2015	227,037	8
	2016	229,094	9
	2017	243,623	10
	2018	244,397	11
	2019	240,287	12

This facility was purchased from an unrelated for-profit entity during 2005. A tax exemption has not yet been obtained.

Amount accrued includes the taxes for 9 months based on fiscal year end. Estimate is based on prior year tax bill.

Taxes paid during year represents the entire 2019 bill.

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2019	$	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.

SEE ACCOUNTANTS' PREPARATION REPORT

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Centralia Manor COUNTY Marion

FACILITY IDPH LICENSE NUMBER 0047225

CONTACT PERSON REGARDING THIS REPORT Ron Wilson

TELEPHONE (309) 343-1550 FAX #: (309) 343-2857

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

Enter the tax index number and real estate tax assessed for 2019 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 2019.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	14-16-100-019	PT W 1/2 SE NW	$ 240,286.66	$ 240,286.66
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 240,286.66	$ 240,286.66

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 copies of the original 2019 tax bills which were listed in Section A to this statement. Be sure to use the 2019 tax bill which is normally paid during 2020.

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 Centralia Manor # 0047225 Report Period Beginning: 10/1/2019 Ending: 9/30/2020

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 43,758 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 1

C. Does the Operating Entity? [ ] (a) Own the Facility [X] (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 [X] (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).

None

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: N/A
2. Number of Years Over Which it is Being Amortized: N/A
3. Current Period Amortization: N/A
4. Dates Incurred: N/A

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	Facility	6.4 Acres	2005	$ 275,000	1
2					2
3	TOTALS	#VALUE!		$ 275,000	3

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Centralia Manor # 0047225 Report Period Beginning: 10/1/2019 Ending: 9/30/2020

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	120		2005		$ 9,142,000	$	40	$ 228,550	$ 228,550	$ 3,485,391	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Sidewalks			2005	11,858	659	15	659		11,858	9
10	Parking Lot Lighting			2006	7,450	497	15	497		7,036	10
11	Roof			2007	5,555		10			5,555	11
12	Roof Replacement, Electric Sign,Shower room/VCT Rstrooms-Svc area			2008	162,223		10			162,223	12
13	New Roof, New Sign, Carpet, PT addition			2008	279,206	7,997	10-25 yrs	7,997		175,242	13
14	Air Conditioner, Water Heater, Dining Room Remodel (Contracted Total)			2009	223,723	18,226	10-12 yrs	18,226		210,053	14
15	Water Heater, Window Valances, Windows			2010	36,000	1,478	5-15 yrs	1,478		30,481	15
16	Show Rooms/Activity Room Cabinets/Armour/Painting/Flooring/Cascade			2010	162,466	13,539	12	13,539		143,287	16
17	Hot Water Heater, Sprinklers			2011	25,227	1,459	10-25 yrs	1,459		13,504	17
18	Sprinkler System-Dry Pipe System			2011	35,800	1,432	25	1,432		12,649	18
19	Heatcraft Condensing Unit			2012	4,935	329	15	329		2,851	19
20	Fire Alarm Control Panel/Remote Annuciator/Maglock work			2012	6,300	630	10	630		5,408	20
21	Wood Blinds - 90			2012	5,875		5			5,875	21
22	AC System			2012	5,840	584	10	584		4,867	22
23	VCT Tile			2012	14,372	1,437	10	1,437		11,857	23
24	Lighted Sign 3X6 Single Faced			2012	3,200	320	10	320		2,587	24
25	Spectrim Crown Valance- 123			2012	50,793		5			50,793	25
26	Water Softener			2013	8,824	882	10	882		6,762	26
27	Water Heater			2013	5,989	599	10	599		4,492	27
28	Water Heater			2013	3,623	362	10	362		2,564	28
29	AC Unit			2014	5,330		5			5,330	29
30	Water Heater			2014	4,177	418	10	418		2,541	30
31	Water Heater			2015	5,210	521	10	521		2,952	31
32	Water Heater			2015	3,672	367	10	367		1,896	32
33	Dry Pipe Valve			2015	3,857	257	15	257		1,307	33
34	Single Face Lighted Sign			2015	4,950	495	10	495		2,516	34
35	Sprinkler Repair-Piping			2015	9,613	961	10	961		4,885	35
36											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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Centralia Manor # 0047225 Report Period Beginning: 10/1/2019 Ending: 9/30/2020

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	Roofing-Pauls Office Building	2015	17,559	1,756	10	1,756	$	$ 8,926	37
38	Landscaping/New Edging/Rock Pavers	2015	20,314	1,733	15	1,932	199	9,481	38
39	Physical Therapy Addition	2015	696,185		40	17,405	17,405	84,124	39
40	Front Doors	2016	35,428	1,904	15-20 Yrs	1,904		9,088	40
41	Water Heater	2016	9,466	947	10	947		4,418	41
42	Awning	2016	7,052	705	10	705		3,231	42
43	Asphalt Parking Lot	2016	358,554	44,819	8	44,819		197,951	43
44	Landscaping-Front of Building	2016	19,428	1,943	10	1,943		8,581	44
45	Building Remodel: Flooring-Tile/VCT/Carpet/Paint/Wallcoverings								45
46	Wall Lights/Chandeliers/Lamps/Bed Lights/Telephone System								46
47	Gen Contr/Plumbing/Electrical/Carpentry/Fire Sprinkler Install								47
48	Electrical Work-Nurse Station/Patient Rooms/Breakers								48
49	Drapes, Poles	2016	939,643	114,886	5-15 Yrs	114,886		493,267	49
50	Fencing-Wrought Iron	2016	18,360	1,836	10	1,836		8,109	50
51	Add-On to Fire Alarm System	2016	6,959	696	10	696		2,668	51
52	Fire Panel	2017	4,434	443	10	443		1,441	52
53	Piping in Dry System	2018	5,120	512	10	512		1,408	53
54	Furnace-Outside Unit 100 Hall	2018	4,136	276	15	276		759	54
55	Message Centers	2018	7,040	704	10	704		1,760	55
56	AC Unit/Coil-Kitchen	2018	4,294	859	5	859		2,076	56
57	Water Heater - Mechanical Room off Service Hall	2018	3,908	391	10	391		945	57
58	Six PTAC Units	2018	3,990	798	5	798		1,729	58
59	New PTAC Units	2018	2,525	505	5	505		926	59
60	New Water Heater - Off Nurses Station	2018	5,799	580	10	580		1,160	60
61	New Water Heater - West Mechanical Room	2019	6,486	649	10	649		865	61
62	Dry Sprinkler Heads-9/Under Exrerior Canopy/Freezer Unit	2020	3,985	133	10	133		133	62
63	Sprinkler Dry System Pipe Replacement-All 3 Dry Systems in Atti	2020	12,425	138	15	138		138	63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 12,431,158	$ 230,662		$ 476,816	$ 246,154	$ 5,219,946	70

SEE ACCOUNTANTS' PREPARATION REPORT

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

Facility Name & ID Number Centralia Manor # 0047225 Report Period Beginning: 10/1/2019 Ending: 9/30/2020

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	$ 983,251	$ 45,595	$ 45,705	$ 110	3-15 yrs	$ 826,515	71
72	Current Year Purchases							72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 983,251	$ 45,595	$ 45,705	$ 110		$ 826,515	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	Patient Care	2014 Braun Entervan 2263	2014	$ 41,505	$	$	$	4	$ 41,505	76
77	Patient Care	2017 Ford E350	2017	56,102	14,026	14,026		4	47,921	77
78										78
79										79
80	TOTALS			$ 97,607	$ 14,026	$ 14,026	$		$ 89,426	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)	$ 13,787,016	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 290,283	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 536,547	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 246,264	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 6,135,887	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	2006 Toyota Corolla - 2006	$ 14,900	$	$ 14,900	86
87	2003 Chevy G3500	29,700		29,700	87
88					88
89					89
90					90
91	TOTALS	$ 44,600	$	$ 44,600	91

G. Construction-in-Progress

	Description	Cost	
92	N/A	$	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.

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Centralia Manor # 0047225 Report Period Beginning: 10/1/2019 Ending: 9/30/2020

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A- Facility Owned

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

8. List separately any amortization of lease expense included on page 4, line 34. N/A
This amount was calculated by dividing the total amount to be amortized N/A
by the length of the lease .

9. Option to Buy: ☐ YES ☐ NO Terms: N/A *

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.	/2021	$
13.	/2022	$
14.	/2023	$

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: $ 27,926 Description: See Attached Schedule 14A
(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.

SEE ACCOUNTANTS' PREPARATION REPORT

Centralia Manor

Period Beginning **10/1/2019**
Period End **9/30/2020**

Schedule 14A

XIV. Rental Costs
Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
Medical Equipment Rental	26,587
Other Equipment Rental	1,312
Indirect Costs	27
Total - Line 16	**27,926**

Facility Name & ID Number Centralia Manor # 0047225 Report Period Beginning: 10/1/2019 Ending: 9/30/2020

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.

SEE ACCOUNTANTS' PREPARATION REPORT

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

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	39(3)	hrs	$	5,436	$ 371,998	$	5,436	$ 371,998	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		4,586	215,134		4,586	215,134	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(3)	hrs		7,114	476,146		7,114	476,146	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39(2)	# of prescrpts				347,891		347,891	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): Respiratory Therapy	39(3)								12
13	Other (specify):									13
14	TOTAL			$	17,136	$ 1,063,278	$ 347,891	17,136	$ 1,411,169	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.

SEE ACCOUNTANTS' PREPARATION REPORT

STATE OF ILLINOIS

Facility Name & ID Number Centralia Manor # 0047225 Report Period Beginning: 10/1/2019 Ending: 9/30/2020

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 9/30/2020 (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	$ 17,649	$ 412,709	1
2	Cash-Patient Deposits	7,426	7,426	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 102,000)	927,712	928,575	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	103,824	131,234	6
7	Other Prepaid Expenses	1,988	17,749	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Interdivision Receivable	13,728,918	12,187,931	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 14,787,517	$ 13,685,624	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		275,000	13
14	Buildings, at Historical Cost	2,584,915	12,431,158	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	760,634	1,080,858	16
17	Accumulated Depreciation (book methods)	(2,240,836)	(6,135,887)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Att Sch 17A		1,215,055	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 1,104,713	$ 8,866,184	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 15,892,230	$ 22,551,808	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 128,772	$ 188,889	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	7,426	7,426	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	88,146	88,146	30
31	Accrued Taxes Payable (excluding real estate taxes)	47,364	47,364	31
32	Accrued Real Estate Taxes(Sch.IX-B)		186,930	32
33	Accrued Interest Payable		22,554	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 271,708	$ 541,309	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		7,374,602	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Security Deposits	37,500	37,500	43
44	Medicare Advance-COVID	996,086	996,086	44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 1,033,586	$ 8,408,188	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 1,305,294	$ 8,949,497	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 14,586,936	$ 13,602,311	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 15,892,230	$ 22,551,808	48

SEE ACCOUNTANTS' PREPARATION REPORT

***(See instructions.)**

Centralia Manor

Period Beginning **10/1/2019**
Period End **9/30/2020**

Schedule 17A

XV. Balance Sheet
Line 23 Long Term Assets Other (specify):

Description	Operating	After Consolidation
Real Estate Tax Escrow		126,253
Insurance Escrow		2,000
MIP Insurance Escrow		26,720
Reserve for Replacement		666,088
Capitalized Loan Fee		633,172
Amortization Loan Fee		(239,178)
Total - Line 36	**-**	**1,215,055**

Facility Name & ID Number Centralia Manor # 0047225 Report Period Beginning: 10/1/2019 Ending: 9/30/2020

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 13,168,286	1
2	Restatements (describe):		2
3	**Prior Period Adjustment**	(12,000)	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 13,156,286	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	1,430,650	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	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 1,430,650	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)**	$ 14,586,936	24 *

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Centralia Manor # 0047225 Report Period Beginning: 10/1/2019 Ending: 9/30/2020

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	$ 8,862,414	1
2	Discounts and Allowances for all Levels	(48,630)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 8,813,784	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	394,269	6
7	Oxygen	9,665	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 403,934	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants	960,275	10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	6,222	12
13	Barber and Beauty Care	667	13
14	Non-Patient Meals	1,731	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	33	19
20	Radiology and X-Ray		20
21	Other Medical Services	3,951	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 972,879	23
	D. Non-Operating Revenue		
24	Contributions	100	24
25	Interest and Other Investment Income***	621	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 721	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Attached Schedule 19A	2,098	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 2,098	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 10,193,416	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,306,921	31
32	Health Care	3,037,142	32
33	General Administration	1,329,462	33
	B. Capital Expense		
34	Ownership	1,223,262	34
	C. Ancillary Expense		
35	Special Cost Centers	1,653,454	35
36	Provider Participation Fee	212,525	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 8,762,766	40
41	**Income before Income Taxes (line 30 minus line 40)****	1,430,650	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 1,430,650	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 2,273,894	44
45	Private Pay - Net Inpatient Revenue	2,111,030	45
46	Medicare - Net Inpatient Revenue	4,250,774	46
47	Other-(specify) Medicare Replacement/Managed Care	175,737	47
48	Other-(specify) Hospice	2,349	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 8,813,784	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.**

SEE ACCOUNTANTS' PREPARATION REPORT

Centralia Manor

Period Beginning **10/1/2019**
Period End **9/30/2020**

Schedule 19A

XVII. Income Statement
Line 28a Other Income

Rental Description	Amount
Late Fees	298
AJ's Fitness Center	1,800
Total - Line 16	**2,098**

Facility Name & ID Number Centralia Manor # 0047225 Report Period Beginning: 10/1/2019 Ending: 9/30/2020

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	1,784	2,097	$ 63,694	$ 30.37	1
2	Assistant Director of Nursing	2,248	2,400	64,172	26.74	2
3	Registered Nurses	27,015	28,703	578,518	20.16	3
4	Licensed Practical Nurses	30,123	32,091	571,868	17.82	4
5	CNAs & Orderlies	115,683	120,721	1,275,998	10.57	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	10,137	10,658	108,697	10.20	10
11	Social Service Workers	4,762	4,998	63,355	12.68	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	36,975	39,256	397,517	10.13	15
16	Dishwashers					16
17	Maintenance Workers	7,209	7,645	101,300	13.25	17
18	Housekeepers	12,201	12,813	129,122	10.08	18
19	Laundry	5,507	5,796	58,187	10.04	19
20	Administrator	2,396	2,608	89,758	34.42	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	8,036	8,806	124,860	14.18	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,191	2,203	26,255	11.92	31
32	Other Health Care(specify)					32
33	Other(specify) Marketing	2,080	2,244	39,693	17.69	33
34	TOTAL (lines 1 - 33)	268,347	283,040	$ 3,692,994 *	$ 13.05	34

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	Monthly	$ 11,836	L1, C3	35
36	Medical Director	Monthly	22,000	L9, C3	36
37	Medical Records Consultant	Monthly	1,418	L10, C3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	9,627	L10, C3	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				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 44,881		49

C. CONTRACT NURSES

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

SEE ACCOUNTANTS' PREPARATION REPORT

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

** See instructions.

Facility Name & ID Number Centralia Manor # 0047225 Report Period Beginning: 10/1/2019 Ending: 9/30/2020

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Jennifer Winka-Sursa	Administrator	None	$ 89,758
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 89,758

B. Administrative - Other

Description	Amount
N/A	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
LTC Support Services, LLC	Support Services	$ 182,580
RFMS, Inc.	Administrative Services	171,600
Templin Healthcare Accounting	Accounting Services	3,548
RSM US LLP	Accounting Services	23,500
Fudge Broadwater	Legal Services	158
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 381,386

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 38,288
Unemployment Compensation Insurance	(20)
FICA Taxes	277,244
Employee Health Insurance	222,542
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
401k	7,199
Other Employee Benefits	3,490
TOTAL (agree to Schedule V, line 22, col.8)	$ 548,743

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	$ 1,992
Advertising: Employee Recruitment	19,267
Health Care Worker Background Check	
(Indicate # of checks performed 26)	
Patient Background Checks	259
Subscriptions	2,250
IHCA Dues	9,237
Other Licenses & Fees	382
Indirect costs	99
Less: Public Relations Expense	(2,538)
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 30,948

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	881
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 881

* Attach copy of IMRF notifications

**See instructions.

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Centralia Manor # 0047225 Report Period Beginning: 10/1/2019 Ending: 9/30/2020

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. **9,237 IHCA**

(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? **N/A**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **39,961** Line **10**

(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. **N/A**

(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. $ **212,525**
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? **No** If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' PREPARATION REPORT

(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **Yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **No** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **0** Has any meal income been offset against related costs? **Yes** Indicate the amount. $ **1,731**

(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? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **100% Line 14**
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. $ **N/A**

(17) Has an audit been performed by an independent certified public accounting firm? **Yes**
Firm Name: **RSM US LLP**

(18) Have all costs which do not relate to the provision of long term care been adjusted out 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.