

		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.

<p><b>I. IDPH License ID Number:</b> <u>0033159</u></p> <p><b>Facility Name:</b> <u>Clinton Manor Living Center</u></p> <p><b>Address:</b> <u>111 East Illinois St</u> <u>New Baden</u> <u>62265</u>        Number City Zip Code</p> <p><b>County:</b> <u>Clinton</u></p> <p><b>Telephone Number:</b> <u>618-588-3826</u> Fax# ( )</p> <p><b>HFS ID Number:</b> _____</p> <p><b>Date of Initial License for Current Owners:</b> <u>01/01/88</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td style="width:33%; border: none;"><input checked="" type="checkbox"/> PROPRIETARY</td> <td style="width:33%; border: none;"><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Charitable Corp.</td> <td style="border: none;"><input type="checkbox"/> Individual</td> <td style="border: none;"><input type="checkbox"/> State</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"><input type="checkbox"/> Partnership</td> <td style="border: none;"><input type="checkbox"/> County</td> </tr> <tr> <td style="border: none;"><b>IRS Exemption Code</b> _____</td> <td style="border: none;"><input type="checkbox"/> Corporation</td> <td style="border: none;"><input type="checkbox"/> Other _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input checked="" type="checkbox"/> "Sub-S" Corp.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Limited Liability Co.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Other _____</td> <td style="border: none;"></td> </tr> </table> <p><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>James G. Hull, CPA</u> <b>Telephone Number:</b> <u>217-228-1950</u>  <b>Email Address:</b> _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	<b>IRS Exemption Code</b> _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input checked="" type="checkbox"/> "Sub-S" Corp.			<input type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2020</u> to <u>12/31/2020</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">Officer or Administrator of Provider</td> <td style="padding: 5px;">(Signed) _____ (Type or Print Name) _____ (Title) _____</td> </tr> <tr> <td style="padding: 5px;">Paid Preparer</td> <td style="padding: 5px;">(Signed) _____ (Date) _____  (Print Name and Title) <u>James G., Hull, CPA</u> <u>Owner</u>  (Firm Name &amp; Address) <u>WDM Computer Services, Inc.</u> <u>1900 Harrison St., Quincy, IL 62301</u>  (Telephone) <u>217-228-1950</u> Fax # <u>217-222-6053</u></td> </tr> </table> <p align="center"><b>MAIL TO: BUREAU OF HEALTH FINANCE</b>  <b>ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES</b>      201 S. Grand Avenue East      Springfield, IL 62763-0001 <span style="float: right;">Phone # (217) 782-1630</span></p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) _____ (Title) _____	Paid Preparer	(Signed) _____ (Date) _____  (Print Name and Title) <u>James G., Hull, CPA</u> <u>Owner</u>  (Firm Name & Address) <u>WDM Computer Services, Inc.</u> <u>1900 Harrison St., Quincy, IL 62301</u>  (Telephone) <u>217-228-1950</u> Fax # <u>217-222-6053</u>
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Facility Name & ID Number Clinton Manor Living Center

# 0033159 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

**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	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	35	Skilled (SNF)	35	12,810	1
2		Skilled Pediatric (SNF/PED)			2
3	4	Intermediate (ICF)	4	1,464	3
4	51	Intermediate/DD	51	18,666	4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	90	TOTALS	90	32,940	7

**B. Census-For the entire report period.**

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	5,557	2,892	761	9,210	8
9	SNF/PED					9
10	ICF		364		364	10
11	ICF/DD	18,503			18,503	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	24,060	3,256	761	28,077	14

**C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.)** 85.24%

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

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

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

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

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

**I. On what date did you start providing long term care at this location?**  
Date started 01/01/88

**J. Was the facility purchased or leased after January 1, 1978?**  
YES  Date                      NO

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

Medicare Intermediary Mutual Omaha

**IV. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/19 Fiscal Year: 12/31/19

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

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	367,339	51,057	7,099	425,495		425,495		425,495		1
2	Food Purchase		254,683		254,683		254,683	(501)	254,182		2
3	Housekeeping	190,675	41,445	2,905	235,025		235,025		235,025		3
4	Laundry	117,790	22,662	166	140,618		140,618		140,618		4
5	Heat and Other Utilities			111,623	111,623		111,623		111,623		5
6	Maintenance	221,593	98,828	135,290	455,711		455,711	(3,881)	451,830		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	897,397	468,675	257,083	1,623,155		1,623,155	(4,382)	1,618,773		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			30,000	30,000		30,000		30,000		9
10	Nursing and Medical Records	4,840,693	482,590	27,153	5,350,436		5,350,436	(39)	5,350,397		10
10a	Therapy	71,199		261,656	332,855		332,855		332,855		10a
11	Activities	45,611	20,679		66,290		66,290		66,290		11
12	Social Services	199,208		2,161	201,369		201,369	(59,060)	142,309		12
13	CNA Training			15,200	15,200		15,200		15,200		13
14	Program Transportation		13,865		13,865		13,865		13,865		14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	5,156,711	517,134	336,170	6,010,015		6,010,015	(59,099)	5,950,916		16
	<b>C. General Administration</b>										
17	Administrative	241,021		224,483	465,504		465,504	(224,483)	241,021		17
18	Directors Fees										18
19	Professional Services			637,504	637,504	(525)	636,979	(499,575)	137,404		19
20	Dues, Fees, Subscriptions & Promotions			266,224	266,224	1,604	267,828	(98,723)	169,105		20
21	Clerical & General Office Expenses	337,137	29,722	43,564	410,423		410,423		410,423		21
22	Employee Benefits & Payroll Taxes			1,156,186	1,156,186		1,156,186		1,156,186		22
23	Inservice Training & Education			68,643	68,643	1,065	69,708		69,708		23
24	Travel and Seminar			8,304	8,304	(2,144)	6,160		6,160		24
25	Other Admin. Staff Transportation		3,514		3,514		3,514		3,514		25
26	Insurance-Prop.Liab.Malpractice			76,173	76,173		76,173		76,173		26
27	Other (specify):*			30,187	30,187		30,187	(13,989)	16,198		27
28	<b>TOTAL General Administration</b>	578,158	33,236	2,511,268	3,122,662		3,122,662	(836,770)	2,285,892		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	6,632,266	1,019,045	3,104,521	10,755,832		10,755,832	(900,251)	9,855,581		29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	D. Ownership	1	2	3	4	5	6	7	8		
30	Depreciation			214,654	214,654		214,654	(191)	214,463		30
31	Amortization of Pre-Op. & Org.										31
32	Interest			77,982	77,982		77,982	(594)	77,388		32
33	Real Estate Taxes			29,656	29,656		29,656	(1,151)	28,505		33
34	Rent-Facility & Grounds			2,118	2,118		2,118		2,118		34
35	Rent-Equipment & Vehicles			85,019	85,019		85,019		85,019		35
36	Other (specify):*			1,934	1,934		1,934	(1,934)			36
37	<b>TOTAL Ownership</b>			411,363	411,363		411,363	(3,870)	407,493		37
	<b>Ancillary Expense</b>										
	<b>E. Special Cost Centers</b>										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		88,567	12,335	100,902		100,902		100,902		39
40	Barber and Beauty Shops			967	967		967		967		40
41	Coffee and Gift Shops		15,903		15,903		15,903		15,903		41
42	Provider Participation Fee			214,229	214,229		214,229		214,229		42
43	Other (specify):*			102,774	102,774		102,774	(102,774)			43
44	<b>TOTAL Special Cost Centers</b>		104,470	330,305	434,775		434,775	(102,774)	332,001		44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	6,632,266	1,123,515	3,846,189	11,601,970		11,601,970	(1,006,895)	10,595,075		45

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

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(501)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients	(39)	10		7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(191)	30		9
10	Interest and Other Investment Income	(594)	32		10
11	Discounts, Allowances, Rebates & Refunds		2		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,629)	27		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(10,687)	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	(92,087)	43		24
25	Fund Raising, Advertising and Promotional	(98,723)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(8,733)	27		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(68,653)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (282,837)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	\$ (282,837)		37

\*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4
		Yes	No	Amount	Reference
38	Medically Necessary Transport.			\$	38
39					39
40	Gift and Coffee Shops				40
41	Barber and Beauty Shops				41
42	Laboratory and Radiology				42
43	Prescription Drugs				43
44					44
45	Other-Attach Schedule				45
46	Other-Attach Schedule				46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			\$	47

BHF USE ONLY							
48		49		50		51	

Clinton Manor Living Center

ID# 0033159

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Bank fees	\$ (2,627)	27	1
2	Amortization of Loan Costs	(1,934)	36	2
3	CSS Labor-Admin Progr.	(59,060)	12	3
4	CSS Labor-Maintenance	(3,881)	6	4
5	New Cila Lot Prop Tax	(1,151)	33	5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
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42				42
43				43
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45				45
46				46
47				47
48				48
49	<b>Total</b>	(68,653)		49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Clinton Manor Living Center# 0033159

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
		(to Sch V, col.7)												
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(501)	0	0	0	0	0	0	0	0	0	0	(501)	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	(3,881)	0	0	0	0	0	0	0	0	0	0	(3,881)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>(4,382)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(4,382)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(39)	0	0	0	0	0	0	0	0	0	0	(39)	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	(59,060)	0	0	0	0	0	0	0	0	0	0	(59,060)	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	<b>TOTAL Health Care and Programs</b>	<b>(59,099)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(59,099)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	(224,483)	0	0	0	0	0	0	0	0	0	(224,483)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	(499,575)	0	0	0	0	0	0	0	0	0	(499,575)	19
20	Fees, Subscriptions & Promotions	(98,723)	0	0	0	0	0	0	0	0	0	0	(98,723)	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	(13,989)	0	0	0	0	0	0	0	0	0	0	(13,989)	27
28	<b>TOTAL General Administration</b>	<b>(112,712)</b>	<b>(724,058)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(836,770)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(176,193)</b>	<b>(724,058)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(900,251)</b>	<b>29</b>

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Clinton Manor Living Center

# 0033159

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

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
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS
													(to Sch V, col.7)
30	Depreciation	(191)	0	0	0	0	0	0	0	0	0	0	(191) 30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0 31
32	Interest	(594)	0	0	0	0	0	0	0	0	0	0	(594) 32
33	Real Estate Taxes	(1,151)	0	0	0	0	0	0	0	0	0	0	(1,151) 33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0 34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0 35
36	Other (specify):*	(1,934)	0	0	0	0	0	0	0	0	0	0	(1,934) 36
37	<b>TOTAL Ownership</b>	<b>(3,870)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(3,870) 37</b>
	<b>Ancillary Expense</b>												
	<b>E. Special Cost Centers</b>												
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0 38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0 39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0 40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0 41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0 42
43	Other (specify):*	(102,774)	0	0	0	0	0	0	0	0	0	0	(102,774) 43
44	<b>TOTAL Special Cost Centers</b>	<b>(102,774)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(102,774) 44</b>
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	<b>(282,837)</b>	<b>(724,058)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(1,006,895) 45</b>



VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Michael Brave	25			Brave Inc.	New Baden	Management
Ann Reis	25	Carlyle Healthcare Center	Carlyle	DAR Mngmt	Quincy	Management
		St. Vincent's Home. Inc.	Quincy	Wdm Computer Serv	Quincy	Data Processing
Blain Richard	25			RDR Mngmt	Albers	Management
Michael Greer	12.5			Greer Mngmt	Trenton	Management

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	17 Management	\$ 224,483	Brave Management	0.00%	\$	\$ (224,483)	1
2	V	19 Management	165,750	D. A. Reis LLC	0.00%		(165,750)	2
3	V	19 Data Processing	30,201	WDM Computer Services, Inc.	0.00%	30,201		3
4	V	19 Management	165,750	RDR Management	0.00%		(165,750)	4
5	V	19 Management	160,875	Greer Management	0.00%		(160,875)	5
6	V	19 Management	7,200	Gail Greer	12.50%		(7,200)	6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 754,259			\$ 30,201	\$ * (724,058)	14

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

Facility Name & ID Number

Clinton Manor Living Center

# 0033159

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

**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								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name &amp; ID Number

Clinton Manor Living Center

# 0033159

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

## 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 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Michael Greer	Vice President	Owner	12.50	0	14	33.00	Wages	\$ 4,875	17-1	1
2	Blain Richard	President	Owner	25.00	0	10	25.00	Wages	9,750	17-1	2
3	Ann Reis	n/a	Owner	25.00	0	0	0.00	n/a		17-1	3
4	Dave Reis	Treasurer	Board Member	0.00	0	10	25.00	Wages	9,750	17-1	4
5	Michael Brave	Administrator	Administrator	25.00	0	40	100.00	Wages	59,494	17-1	5
6	RDR Mngmt	Management	Management	0.00	0	5	12.00	Mngt Fees	165,750	19-3	6
7	DAR Mngt	Management	Management	0.00	0	5	12.00	Mngt Fees	165,750	19-3	7
8	Greer Mngt	Management	Management	0.00	0	5	12.00	Mngt Fees	160,875	19-3	8
9	Brave, Inc.	Management	Management	0.00	0	5	12.00	Mngt Fees	224,483	17-3	9
10	Gail Greer	n/a	Owner	12.50	0	0	0.00	Wages	4,875	17-1	10
11	See Attached List (Pg 28)										11
12											12
13								TOTAL	\$ 805,602		13

\* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

\*\* This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

Facility Name & ID Number Clinton Manor Living Center

# 0033159

Report Period Beginning:

01/01/2020

Ending: 2/31/2020

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES  NO

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number

Clinton Manor Living Center

# 0033159

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

**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**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1	First National Bank		X	Refinance	\$21,283.00	03/10/17	\$ 1,943,810	\$ 1,213,491	03/10/26	4.5000	\$ 39,544	1								
2	First National Bank		X	Generator	\$2,858.37	01/16/18	154,880	68,419	01/16/23	4.0000	3,416	2								
3	First County Bank		X	Working Capital	\$1,090.94	11/13/13	150,000	80,653	11/13/24	4.3500	14,329	3								
4	Noverus Finance		X	Air Purification System	\$853.97	07/15/19	26,145	14,057	06/15/22	11.4997	2,090	4								
5	See List		X	See List	See List	See List	250,224	80,189	See List	Various	2,649	5								
<b>Working Capital</b>																				
6	Owners	X		Cash Flow	Interest Only	11/07/12	48,000		05/14/20	5.2500	10,500	6								
7	First National Bank		X	Cash Flow	Interest Only	11/07/12	500,000		05/14/20	5.5000	5,454	7								
8	PPP Loan		X	Cash FLOW	Interest Only	04/15/20	1,207,500	1,207,500	04/15/2021	4.5000		8								
9	TOTAL Facility Related				\$26,086.28		\$ 4,280,559	\$ 2,664,309			\$ 77,982	9								
<b>B. Non-Facility Related*</b>																				
10												10								
11												11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$	14								
15	TOTALS (line 9+line14)						\$ 4,280,559	\$ 2,664,309			\$ 77,982	15								

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

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

\*\* If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

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

**B. Real Estate Taxes**

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

1. Real Estate Tax accrual used on 2019 report.		\$	<b>31,507</b>	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.)		\$	<b>30,006</b>	2
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>(1,501)</b>	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<b>30,006</b>	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<b>28,505</b>	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2015	<b>21,790</b>	8
	2016	<b>26,042</b>	9
	2017	<b>29,541</b>	10
	2018	<b>30,134</b>	11
	2019	<b>31,507</b>	12

<b>FOR BHF USE ONLY</b>			
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.**

**2019 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Clinton Manor Living Center COUNTY Clinton

FACILITY IDPH LICENSE NUMBER 0033159

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

TELEPHONE 618-588-7136 FAX #: ( ) \_\_\_\_\_

**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)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>11-10-18-178-002</u>	<u>Nursing Home</u>	\$ <u>20,955.60</u>	\$ <u>20,955.60</u>
2. <u>11-10-18-175-023</u>	<u>Hanover</u>	\$ <u>2,605.16</u>	\$ <u>2,605.16</u>
3. <u>11-10-18-175-024</u>	<u>300 East Illinois</u>	\$ <u>2,544.80</u>	\$ <u>2,544.80</u>
4. <u>11-10-18-175-021</u>	<u>216 East Illinois</u>	\$ <u>3,900.10</u>	\$ <u>3,900.10</u>
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	<b>TOTALS</b>	\$ <u><u>30,005.66</u></u>	\$ <u><u>30,005.66</u></u>

**B. Real Estate Tax Cost Allocations**

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

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

**C. Tax Bills**

Attach 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 Clinton Manor Living Center

# 0033159 Report Period Beginning:

01/01/2020 Ending:

12/31/2020

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 21,794 B. General Construction Type: Exterior Brick Frame wood, steel, concrete Number of Stories 1

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

**XI. OWNERSHIP COSTS:**

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



**XI. OWNERSHIP COSTS (continued)**

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	69		1987	1969	\$ 594,000	\$	30	\$	\$	\$ 594,000	4
5	12		1991	1991	511,306	17,096	30	17,044	(52)	498,483	5
6											6
7											7
8											8
	<b>Improvement Type**</b>										
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	2,900	13
14		BUILDING IMPROVEMENT	1994		12,580		20,10			12,580	14
15		PLUMBING	1995		12,201		20			12,201	15
16		LANDSCAPING	1997		1,675		10			1,675	16
17		BOILER	1997		8,858		8			8,858	17
18		REMODEL OF DINING ROOM	1997		35,389		20			35,389	18
19		HEETING/COOLING SYSTEM	1999		13,826		10			13,826	19
20		FIRE ALARM UPGRADE	2001		2,610		10			2,610	20
21		FRONT ADDITION	2001		115,835	5,792	20	5,792		110,526	21
22		DINING ROOM REMODEL	2001		84,135	4,207	20	4,207		80,279	22
23		Kitchen Improvements	2004		3,852	197	20	193	(4)	3,262	23
24		Flooring	2004		2,790		10			2,790	24
25		Laundry Building	2004		106,437	5,322	20	5,322		87,367	25
26		Bathroom Flooring	2005		3,650	182	20	183	1	2,875	26
27		Concrete	2005		2,367		10			2,367	27
28		Flooring	2005		3,032	152	20	152		2,337	28
29		Bathroom Remodel	2005		3,550	178	20	178		2,707	29
30		Roof Repairs	2005		4,225	211	20	211		3,239	30
31		Flooring	2006		5,960	298	20	298		4,470	31
32		New A/C Units	2006		6,141	412	15	410	(2)	6,004	32
33		New Office Building	2006		93,901	3,130	30	3,130		44,339	33
34		Flooring	2007		6,293		8			6,293	34
35		Entrance Canopy	2007		3,765	188	20	188		2,495	35
36		Replace Roof	2007		36,366	909	40	909		11,894	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 &amp; ID Number Clinton Manor Living Center

# 0033159

Report Period Beginning:

01/01/2020 Ending: 12/31/2020

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Range Hood	2008	\$ 8,586	\$	7	\$	\$	\$ 8,586	37
38	Alarm System	2008	7,224		8			7,224	38
39	New Patio	2009	3,346	223	15	223		2,510	39
40	Sprinkler	2010	33,827	1,353	25	1,353		14,884	40
41	Nursing Cabinets	2010	2,003	134	15	134		1,388	41
42	New Deck and Siding	2010	11,361	456	25	454	(2)	4,863	42
43	Hanover Office Building	1997	45,776	1,526	30	1,526		35,985	43
44	Storage Builgind	2011	18,949	486	39	486		4,495	44
45	Fire Door	2012	4,152	106	39	106		949	45
46	Accessibility System	2013	4,265	213	20	213		1,653	46
47	Shower Room 1-Plumbing	2013	8,900	228	39	228		1,750	47
48	Shower Room 1-Labor	2013	4,019	103	39	103		790	48
49	Shower Room 1-Materials	2013	4,836	124	39	124		950	49
50	Shower Room 1-Tile	2013	8,659	222	39	222		1,702	50
51	Shower Room 1-Drawings	2013	415	11	39	11		82	51
52	Shower room 2-Plumbing	2013	5,166	132	39	132		994	52
53	Shower Room 2-Labor	2013	3,690	95	39	95		709	53
54	Shower Room 2-Materials	2013	4,686	120	39	120		901	54
55	Shower Room 2-Electric	2013	3,510	90	39	90		675	55
56	Shower Room 2-Tile	2013	8,876	228	39	228		1,707	56
57	Shower Room 2-Crawings	2013	415	11	39	11		80	57
58	Landscaping	2015	5,292	353	15	353		1,999	58
59	Landscaping	2015	2,178	145	15	145		811	59
60	Landscaping	2015	9,707	647	15	647		3,613	60
61	New Addition-Sprinkler	2015	32,400	1,620	20	1,620		8,235	61
62	New Addition-Flooring	2015	20,860	1,043	20	1,043		5,302	62
63	New Addition-landscaping	2015	8,524	568	15	568		2,889	63
64	New Addition-Roof	2015	10,370	519	20	518	(1)	2,636	64
65	New Addition-Doors/Windows	2015	17,376	869	20	869		4,416	65
66	New Addition-Plumbing	2015	49,930	2,496	20	2,497	1	12,690	66
67	New Addition-Electrical	2015	87,738	4,387	20	4,387		22,300	67
68	New Addition-General Material/Labor	2015	182,981	4,692	39	4,692		23,850	68
69	Flooring-Therapy Room, Dining area, & 2 ICF/DD Hallways	2016	17,117	1,147	15	1,141	(6)	4,877	69
70	TOTAL (lines 4 thru 69)		\$ 2,387,032	\$ 62,621		\$ 62,656	\$ 35	\$ 1,814,417	70

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

Facility Name &amp; ID Number Clinton Manor Living Center

# 0033159

Report Period Beginning:

01/01/2020 Ending: 12/31/2020

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 2,387,032	\$ 62,621		\$ 62,656	\$ 35	\$ 1,814,417	1
2	Parking Lot Repaving	2016	19,373	1,299	15	1,292	(7)	5,520	2
3	Sprinkler work new addition	2016	2,108	105	20	105		518	3
4	Railing Outside new addition	2016	3,550	177	20	177		873	4
5	Door to Family 3	2016	8,846	442	20	442		2,064	5
6	Wall Protection/Handrails outside walkway from new addition	2016	5,052	253	20	253		1,137	6
7	Flooring-Family 1 ICF/DD Group Area	2016	6,412	321	20	321		1,416	7
8	SNF Dining Flooring & DD Handrails	2017	10,054	503	20	503		2,011	8
9	Flooring-SNF Hallway and Bath	2017	8,142	409	20	407	(2)	1,601	9
10	SNF Handrails	2017	3,282	164	20	164		615	10
11	Flooring-Back Hall	2017	11,500	575	20	575		2,156	11
12	Heating Unit	2017	18,284	914	20	914		3,428	12
13	Rm Heat/Cool in SNF Ctr DD	2017	16,417	821	20	821		2,941	13
14	Lighting in SNF Hallways	2017	5,058	254	20	253	(1)	910	14
15	Flooring-SNF Dining Area	2017	5,637	283	20	282	(1)	991	15
16	Windows/Door-Snf Dining Room	2017	10,002	667	15	667		2,390	16
17	Dining Room Carpentry	2017	22,077	2,760	8	2,760		8,509	17
18	Dining Room Cabinets	2017	10,722	1,340	8	1,340		4,133	18
19	Dining Room Electrical	2017	5,150	343	15	343		1,059	19
20	New House-Office	2017	88,209	2,262	39	2,262		6,974	20
21	New House/Office-Heating	2017	8,000	533	15	533		1,644	21
22	New House/Office-Cabinets	2017	3,700	462	8	463	1	1,426	22
23	CMLC Sprinklers	2017	25,851	1,293	20	1,293		3,985	23
24	Heat/Air Family 1	2017	12,657	844	15	844		2,602	24
25	Parking Lot Repaving	2018	23,503	1,567	15	1,567		4,178	25
26	Flooring-Spa room	2018	7,136	476	15	476		1,150	26
27	2 SNF Bedroom Flooring	2018	2,456	164	15	164		355	27
28	Life Safety Elec Upgrade	2018	12,335	617	20	617		1,593	28
29	New Security System	2018	28,070	1,404	20	1,404		3,041	29
30	Flooring-DD Shower/CTR H	2019	2,480	165	15	165		289	30
31	DD Shower Room Floor	2019	6,605	440	15	440		734	31
32	Replace Sprinklers	2019	26,439	1,322	20	1,322		2,093	32
33	Lot Resurface-SNF Front & C	2019	14,458	964	15	964		1,526	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 2,820,597	\$ 86,764		\$ 86,789	\$ 25	\$ 1,888,279	34

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

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 2,820,597	\$ 86,764		\$ 86,789	\$ 25	\$ 1,888,279	1
2	Family 1, East Hall Floor	2019	5,730	382	15	382		605	2
3	DD Bath Remodel-Plumbing	2019	4,875	325	15	325		487	3
4	DD Bath Remodel-Floor	2019	10,730	717	15	715	(2)	1,048	4
5	Courtyard Concrete	2019	8,163	544	15	544		771	5
6	SNF Shower Flooring	2019	4,940	329	15	329		412	6
7	F Sprinkler Install	2019	17,739	1,189	15	1,183	(6)	1,388	7
8	DD Family 1 Flooring	2019	1,028	69	15	69		74	8
9	SPA HVAC	2019	8,556	428	20	428		856	9
10	SPA Labor/Materials	2019	48,374	2,419	20	2,419		4,837	10
11	Spa-Ceiling	2019	1,850	93	20	93		185	11
12	Spa-Flooring	2019	7,136	357	20	357		714	12
13	Coffee House Awning	2019	15,448	1,030	15	1,030		1,373	13
14	Coffee House Parking Lot	2019	17,479	1,165	15	1,165		1,457	14
15	DD HALLWAY CEILING	2020	7,875	295	20	295		295	15
16	Shed Lights and wiring	2020	1,210	81	10	81		81	16
17	Landscaping-front	2020	10,312	115	15	115		115	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	<b>TOTAL (lines 1 thru 33)</b>		\$ 2,992,042	\$ 96,302		\$ 96,319	\$ 17	\$ 1,902,977	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 796,757	\$ 71,869	\$ 71,869	\$	10	\$ 302,803	71
72	Current Year Purchases	161,142	4,610	4,610		10	4,610	72
73	Fully Depreciated Assets	727,892	253	253		12	727,883	73
74								74
75	TOTALS	\$ 1,685,791	\$ 76,732	\$ 76,732	\$		\$ 1,035,296	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	See List	See List	See List	284,849	41,620	41,412	(208)	5	201,722	77
78										78
79										79
80	TOTALS			\$ 325,356	\$ 41,620	\$ 41,412	\$ (208)		\$ 242,229	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)	\$ 5,069,189	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 214,654	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 214,463	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (191)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,180,502	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Cila Division	\$ 1,067,617	\$ 38,235	\$ 584,067	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 1,067,617	\$ 38,235	\$ 584,067	91

G. Construction-in-Progress

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

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

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

Facility Name & ID Number Clinton Manor Living Center

# 0033159

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

**XII. RENTAL COSTS**

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

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

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? \_\_\_\_\_

If NO, see instructions.

YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	<b>TOTAL</b>				\$			7

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

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

Fiscal Year Ending                      Annual Rent

12.	_____ /2021	\$ _____
13.	_____ /2022	\$ _____
14.	_____ /2023	\$ _____

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

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

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_\*

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

15. Is Movable equipment rental included in building rental? \_\_\_\_\_

YES  NO

16. Rental Amount for movable equipment: \$ 85,019 Description: Copier Rent \$14,436.96, Patient Monitoring Rental \$39,288.07, Medwiser Equip Rental \$31,293.50

(Attach a schedule detailing the breakdown of movable equipment)

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

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

\* If there is an option to buy the building, please provide complete details on attached schedule.

\*\* This amount plus any amortization of lease expense must agree with page 4, line 34.

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

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

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

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

		Facility			
		1	2	3	4
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	<b>TOTALS</b>	\$	\$	\$	\$
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$			

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

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

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	10a-3	hrs	\$	749	\$ 55,772	\$	749	\$ 55,772	1
2	Licensed Speech and Language Development Therapist	10a-3	hrs		467	44,958		467	44,958	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a-3	hrs		857	59,380		857	59,380	4
5	Physician Care		visits							5
6	Dental Care	10a-3	visits			7,703			7,703	6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39-2	# of prescrpts				88,567		88,567	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)	10-3	hrs		242	12,075		242	12,075	10
11	Academic Education		hrs							11
12	Other (specify): <u>Other Pych Serv</u>	10-3				3,790			3,790	12
13	Other (specify): <u>See List</u>	10-3				113,881			113,881	13
14	TOTAL			\$	2,314	\$ 297,559	\$ 88,567	2,314	\$ 386,126	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.



**XV. BALANCE SHEET - Unrestricted Operating Fund.**

As of **12/31/2020**

(last day of reporting year)

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

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 1,335,267	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (33,000) )	943,833		3
4	Supply Inventory (priced at )	128,601		4
5	Short-Term Investments			5
6	Prepaid Insurance	29,170		6
7	Other Prepaid Expenses	3,692		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 2,440,563	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	203,275		13
14	Buildings, at Historical Cost	4,511,704		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	2,020,825		16
17	Accumulated Depreciation (book methods)	(4,115,225)		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: <b>Org Fee</b> )	2,257		22
23	Other(specify): <b>CIP</b>	93,226		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 2,716,062	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 5,156,625	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 289,714	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	1,207,500		29
30	Accrued Salaries Payable	536,928		30
31	Accrued Taxes Payable (excluding real estate taxes)	4,933		31
32	Accrued Real Estate Taxes(Sch.IX-B)	74,138		32
33	Accrued Interest Payable	3,717		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<b>Garnishment</b>	1,036		36
37	<b>Group Ins</b>	(35,913)		37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 2,082,053	\$	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	666,102		39
40	Mortgage Payable	1,213,491		40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 1,879,593	\$	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 3,961,646	\$	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 1,194,979	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 5,156,625	\$	48

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1 Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>1,070,527</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<b>Prior Year adjustment to AR</b>	<b>(4,092)</b>	<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>1,066,435</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>971,565</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	<b>(620,000)</b>	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe) <b>Cila Divisions</b>	<b>(223,021)</b>	<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>128,544</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>1,194,979</b>	<b>24</b> *

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

Facility Name &amp; ID Number Clinton Manor Living Center

# 0033159

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

**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.**

1

I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 12,216,388	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 12,216,388	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	124,966	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 124,966	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	5,409	12
13	Barber and Beauty Care		13
14	Non-Patient Meals	501	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	39	18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 5,949	23
<b>D. Non-Operating Revenue</b>			
24	Contributions	1,226	24
25	Interest and Other Investment Income***	594	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 1,820	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<b>Rounding</b>	2	28
28a	<b>See List</b>	224,410	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 224,412	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 12,573,535	30

2

II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,623,155	31
32	Health Care	6,010,015	32
33	General Administration	3,122,662	33
<b>B. Capital Expense</b>			
34	Ownership	411,363	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	220,546	35
36	Provider Participation Fee	214,229	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 11,601,970	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	971,565	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 971,565	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 10,879,520	44
45	Private Pay - Net Inpatient Revenue	509,155	45
46	Medicare - Net Inpatient Revenue	444,988	46
47	Other-(specify) <b>Stimulus Payments</b>	382,724	47
48	Other-(specify)		48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 12,216,388	49

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

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

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

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

Facility Name & ID Number Clinton Manor Living Center

# 0033159

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,876	2,128	\$ 111,717	\$ 52.50	1
2	Assistant Director of Nursing	644	751	32,661	43.49	2
3	Registered Nurses	21,434	22,790	770,852	33.82	3
4	Licensed Practical Nurses	36,309	38,333	1,131,739	29.52	4
5	CNAs & Orderlies	37,484	39,536	768,094	19.43	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,037	2,170	71,199	32.81	8
9	Activity Director					9
10	Activity Assistants	2,488	2,497	45,612	18.27	10
11	Social Service Workers	6,022	6,755	199,208	29.49	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	1,674	1,710	56,076	32.79	14
15	Cook Helpers/Assistants	6,829	7,823	139,849	17.88	15
16	Dishwashers	10,323	10,848	171,414	15.80	16
17	Maintenance Workers	7,290	7,949	221,593	27.88	17
18	Housekeepers	11,790	12,656	190,675	15.07	18
19	Laundry	7,920	8,182	117,790	14.40	19
20	Administrator	2,072	2,088	152,276	72.93	20
21	Assistant Administrator			29,250		21
22	Other Administrative	2,072	2,088	59,494	28.49	22
23	Office Manager					23
24	Clerical	10,760	11,449	337,138	29.45	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	8,036	8,724	238,694	27.36	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)	89,429	94,959	1,733,136	18.25	30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) <u>Transportation</u>	2,583	2,743	53,799	19.61	33
34	TOTAL (lines 1 - 33)	269,072	286,179	\$ 6,632,266 *	\$ 23.18	34

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

\*\* See instructions.

**B. CONSULTANT SERVICES**

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	140	\$ 7,099	1-3	35
36	Medical Director	Contract	30,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Contract	3,585	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	35	2,161	12-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	175	\$ 42,845		49

**C. CONTRACT NURSES**

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

Facility Name & ID Number

Clinton Manor Living Center

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

**XIX. SUPPORT SCHEDULES**

<b>A. Administrative Salaries</b>				<b>D. Employee Benefits and Payroll Taxes</b>			<b>F. Dues, Fees, Subscriptions and Promotions</b>	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Michael Brave	CEO	25.00	\$ 59,494	Workers' Compensation Insurance	\$ 99,279	IDPH License Fee	\$ 1,990	
Michael Greer	Owner	12.5	4,875	Unemployment Compensation Insurance	27,320	Advertising: Employee Recruitment	42,185	
David Reis	Owner	25.00	9,750	FICA Taxes	410,127	Health Care Worker Background Check (Indicate # of checks performed)	3,912	
Gayle Greer	Owner	12.5	4,875	Employee Health Insurance	584,940	Patient Background Checks		
Blain Richard	Owner	25.00	9,750	Employee Meals		Promo Public Relations	92,606	
Cheryl Smith	Administrator	0	152,276	Illinois Municipal Retirement Fund (IMRF)* Defered Compensation		Employee Drug Tests	90	
				401 (k) Match	11,163	Marketing Expense	6,117	
				Employee Physicals	15,168	Employee TABE testing	386	
				Employee Benefits-Other	6,200	See List Attached	120,543	
				Employee Tamafllu		Less: Public Relations Expense	(92,606)	
				Employee B-Days	1,990	Non-allowable advertising	(6,117)	
				Rounding		Yellow page advertising (		
<b>TOTAL</b> (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 241,020	<b>TOTAL</b> (agree to Schedule V, line 22, col.8)	\$ 1,156,186	<b>TOTAL</b> (agree to Sch. V, line 20, col. 8)	\$ 169,105	
<b>B. Administrative - Other</b>				<b>E. Schedule of Non-Cash Compensation Paid to Owners or Employees</b>			<b>G. Schedule of Travel and Seminar**</b>	
	Description		Amount	Description	Line #	Amount	Description	Amount
	Brave Management		\$ 224,483	n/a		\$	Out-of-State Travel	\$
<b>TOTAL</b> (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 224,483	<b>TOTAL</b>		\$ 0	In-State Travel	
<b>C. Professional Services</b>							Seminar Expense	
Vendor/Payee	Type		Amount				See List Attached	6,159
RDR Management	Management		\$ 165,750					
D.A Reis LLC	Management		165,750					
Greer Management	Management		160,875					
WDM Computer Svcs	Data Processing		30,201					
Timetrak	Software Support		600					
Ability	Software Support		9,521					
Google	Software Support		3,663					
Benefit Services	ACA Compliance		7,780					
Giffen, Winning, Bodewes	Legal		21,850					
See List Attached	See List		52,990					
Rounding								
SB2	Legal		18,000					
<b>TOTAL</b> (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 636,979				<b>TOTAL</b> (agree to Sch. V, line 24, col. 8)	\$ 6,159

\* Attach copy of IMRF notifications

\*\*See instructions.

Facility Name & ID Number Clinton Manor Living Center# 0033159Report Period Beginning: 01/01/2020Ending: 12/31/2020**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. See List
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? \_\_\_\_\_
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 9
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 78,769 Line 10-2
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. \_\_\_\_\_
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 214,229  
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. \$ 501
- (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. \$ \_\_\_\_\_  
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.

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

Repairs & Maint. Dietary	\$3,487.61
Repairs & Maint. Laundry	\$2,848.10
Repairs & Maint. Housekeeping	\$0.00
Repairs & Maint. Outside services	\$77,652.89
Repairs & Maint. Building	\$23,691.81
Repairs & Maint. Equipment	\$26,133.72
Repairs & Maint. Wheelchairs	\$0.00
Repairs & Maint. Ground	\$0.00
Repairs & Maint. Gen/Amdin.	\$1,475.37
	<u>\$135,289.50</u>

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

Telephone	\$38,937.96
Copier	\$1,295.88
Printing Exp.	\$0.00
Postage	\$3,330.10
	<u>\$43,563.94</u>

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

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

\$1,934.28

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

Bad Debt Expense	\$92,086.89
Contributions	\$10,686.65

\$102,773.54

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

Sales Tax	\$2,629.00
State Replacement Tax	\$8,733.00
Meetings Exp, (food)	\$11,615.83
Misc Exp	\$4,583.13
Bank Fees	\$2,626.47
Rounding	\$0.00
	<u>\$30,187.43</u>

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

Mileage reimbursement (administrative)	\$3,513.88
(See List Attached)	<u>\$3,513.88</u>

The following is a breakdown of Schedule XVII Line 28a



Misc. Revenue		\$5,318.69
Pursonal Purchases Inome		\$0.00
Uniform Sales		\$0.00
Discounts/Rabates		\$0.00
In-House Day Training Revenue		\$126,178.83
Gain/Loss on Sale of Asset		\$0.00
Income from Transportation	(IDPA Trans. Repymt)	\$17,134.29
In-service Training Revenue		\$0.00
Education Reimbursement		\$12,236.28
Activity Income		\$600.00
Admin Program-Css		\$59,060.18
Maintenance-Css		\$3,881.71
Rounding		
		<u>\$224,409.98</u>

The following is a breakdown of Schedule XIX, Section F

AANAC	Membership	\$262.00
IARF	Membership	\$15,440.00
AHCA	Membership	\$390.00
Illinois Healthcare Assoc	Membership	\$5,631.45
SAMS CLUB	Membership	\$1,541.79
Amazon Prime	Membership	\$119.00
Therap	Software Subscription	\$1,000.00
Metro East IL SH	Dues	\$100.00
Subscriptions	Misc Subscriptions	\$1,967.89
Activity CON	Dues	\$174.95
Pioneer Coalition	Dues	\$175.00
IL State Chamber of Commerce	Dues	\$599.50
INHAA	Dues	\$125.00
SIARF	Dues	\$150.00
ILFIR	Fees	\$200.00

The Hartford	Fees	\$300.00
Adobe	License	\$0.00
Institute on Public Policy	Dues	\$6,800.00
Direct Supply	Maint Software License	\$418.00
PCC	A/R software Licence	\$41,204.31
MITC	Payroll Software License	\$35,684.66
Matrix	Software License	\$711.72
Computype	Backup-license	\$2,008.69
Access Team	Software Support	\$441.60
Village of New Baden	Licenses	\$555.00
ClinicOne	Software Fee	\$2,612.00
Sec of State	Licenses	\$1,849.67
IL Prof Lic	SW Licence	\$0.00
IL Prof Lic	LNHA	\$0.00
IL Prof Lic	Admin Renewal	\$0.00
Bank	Safe Deposit Box	\$80.00
Rounding		\$1.00
		<u>\$120,543.23</u>

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

Pinknotes	Messaging Service	\$60.00
Hushmail	Mail Service	\$79.99
Assessteam	Eomployee Performance Tool	\$0.00
Peggy Litiken	Clerical Support	\$832.50
Holleran Consulting	Resident Satisfaction Survey	\$0.00
Christopher Crivelli	Leadership Training	\$32,074.48
First Class Solutions	Consulting	\$265.28
Sheffel, Boyle	Audit	\$6,750.00

Law Offices of Marsha Holzauer	Legal Fees	\$0.00
TriStar	HR Tool	\$0.00
Anderson Conulting	Energy Consulting	\$1,800.00
Hartford/Mass Mu	Retirement Plan Admin	\$995.00
Survey Monkey	Survey Software	\$384.00
Techno Solutions	Web Design	\$592.00
Robert Herndon	Archeticural Services	\$0.00
Gail Greer	Management Services	\$7,200.00
EarlySense	Patient Movement	\$1,956.74
Rounding		
		\$52,989.99

Schedule XIII, Section A.

Cna's are responsibile 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	\$0.00	\$0.00		5	\$60,526.66
81 Facility Use	2015 Dodge Caravan	2015	\$43,500.60	\$6,525.09	\$6,525.09		5	\$43,500.60
82 Facility Use	2005 Jeep	2017	\$15,280.47	\$3,056.10	\$3,056.09		5	\$10,951.00
83 Facility Use	2017 Dodge Caravan	2017	\$38,225.97	\$7,645.20	\$7,645.19		5	\$26,121.10
85 Facility Use	19 Ford E350	2018	\$60,127.25	\$12,232.80	\$12,025.45	-\$207.35	5	\$28,525.93
86 Facility Use	16 Dodge Caravan	2018	\$32,019.25	\$6,403.85	\$6,403.85		5	\$17,076.91
87 Facility Use	2019 Dodge Ram Van	2019	\$28,783.39	\$5,756.64	\$5,756.68		5	\$8,634.96

#####	\$41,619.68	\$41,412.35	-\$207.35	\$201,722.24
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Schedule XX, #2.

Illinois Assoc of Rehabilitation Facilitie	\$15,440.00
Illinois Healthcare Association	\$5,631.45
Insttue on Publc Policy	\$6,800.00
	<u>\$27,871.45</u>

Brave, Inc.	GMS	RDR	DAR	Gail Greer		WDM
\$24,413.76	\$13,812.50	\$14,625.00	\$14,625.00	\$1,200.00	1	\$2,511.57
\$24,413.76	\$13,812.50	\$14,625.00	\$14,625.00	\$1,200.00	2	\$1,820.52
\$13,000.00	\$13,000.00	\$13,000.00	\$13,000.00	\$1,200.00	3	\$4,875.80
\$13,000.00	\$13,000.00	\$13,000.00	\$13,000.00	\$1,200.00	4	\$2,221.04
\$13,000.00	\$13,000.00	\$13,000.00	\$13,000.00	\$1,200.00	5	\$1,836.28
\$13,000.00	\$13,000.00	\$13,000.00	\$13,000.00	\$1,200.00	6	\$5,017.96
\$13,000.00	\$13,000.00	\$13,000.00	\$13,000.00		7	\$2,194.00
\$13,000.00	\$13,000.00	\$13,000.00	\$13,000.00		8	\$1,876.24
\$24,413.76	\$13,812.50	\$14,625.00	\$14,625.00		9	\$1,820.28
\$24,413.76	\$13,812.50	\$14,625.00	\$14,625.00		10	\$2,198.16
\$24,413.76	\$13,812.50	\$14,625.00	\$14,625.00		11	\$1,874.12
\$24,413.76	\$13,812.50	\$14,625.00	\$14,625.00		12	\$1,955.20
\$224,482.56	\$160,875.00	\$165,750.00	\$165,750.00	\$7,200.00	\$724,057.56	\$30,201.17

Clinton Manor Living Center, Inc.

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The following is a breakdown of the reclassifications:

1. Reclass \$500.00 of Therap Services dues from Professional fees to Dues due to coding error.
2. Reclass \$25.00 of Pinoeer Coalition dues from Professional fees to Dues due to coding error.
3. Reclass \$597.00 from Seminar to Promotion due to coding error.
4. Reclass \$481.50 from Training and Seminar to Promotion due to coding error.
5. Reclass \$
6. Reclass \$
7. Reclass \$
8. Reclass \$
- 9.
- 10
- 11

Clinton Manor Living Center, Inc.

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Schedule VII Attachment

Name	Function	Nursing Home	Compensation		
			Ownership Interest	from other Nursing Homes	Interest Income
D.A. Reis LLC	Management	Southern Illinois Comm. Support Services.	0	\$15,735.49	
Greer Management	Management	Southern Illinois Comm. Support Services.	0	\$15,735.49	
Advanced Options	Management	Southern Illinois Comm. Support Services.	0	\$15,735.49	
RDR Management	Management	Southern Illinois Comm. Support Services.	0	\$15,735.49	
David Reis	Owner	Southern Illinois Living Center, Inc.	25		\$2,625.00
Gail Greer	Owner	Southern Illinois Living Center, Inc.	12.5		\$1,312.50
Mike Greer	Owner	Southern Illinois Living Center, Inc.	12.5		\$1,312.50
Michael Brave	Owner	Southern Illinois Living Center, Inc.	25		\$2,625.00
Blain Richard	Owner	Southern Illinois Living Center, Inc.	25		\$2,625.00

Clinton Manor Living Center, Inc.  
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Name of Lender	Related**		Purpose of Loan	Payment Required	Date of Note	Amount of Note		Maturity Date	Rate (4 Digits)	Interest Expense
	YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>										
<b>Long-Term</b>										
First County Bank	X		2015 Bus	\$955.00	10/31/2014	\$54,492.00	\$0.00	11/1/2019	2.0000%	\$0.00
Crysler Capital	X		2015 Dodge Caravan	\$604.18	11/12/2015	\$43,500.00	\$6,041.44	10/12/2021	0.0000%	\$0.00
First County Bank	X		2017 Dodge Caravan	\$675.00	8/15/2017	\$38,301.97	\$13,227.86	8/15/2022	2.2000%	\$377.22
First County Bank	X		2016 Caravan	\$563.00	5/2/2018	\$31,519.25	\$15,743.09	5/2/2023	2.7000%	\$504.87
First County Bank	X		2017 Ford E350	\$971.45	8/21/2018	\$54,127.25	\$29,861.77	8/21/2023	2.9500%	\$1,045.84
First County Bank	X		2019 Dodge Ram Van	\$831.00	7/5/2019	\$28,283.39	\$15,314.67	7/5/2022	3.6500%	\$721.04
						<b>\$250,223.86</b>	<b>\$80,188.83</b>			<b>\$2,648.97</b>
<b>Working Capital</b>										
						<b>\$0.00</b>	<b>\$0.00</b>			<b>\$0.00</b>



Clinton Manor Living Center, Inc.

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0033159

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

**Acct# 924 In-Service Training**

Date	Training	Instructor	Purchased	Purchased By	Place	Total
1/8/2020	Restorative Programs		training materials	D. Loomis		139.00
1/13/2020	MDS Assessment		training	D. Loomis		165.00
1/14/2020	CPR		Poster	K.Green		4.00
1/23/2020	CPR	Green	Manuals & Cards	K.Green		391.35
1/24/2020	CNA		Instructor Class	D. Loomis		1,198.00
1/29/2020	IL. Chamber	Online		S. Lappe		110.00
2/5/2020	CPR	L. Norris	Cert. Cards	L. Norris		98.00
2/17/2020	CPR	L. Norris	Cert. Cards	L. Norris		114.50
2/26/2020	Annual Training		Booklets	T. Smith		866.00
2/28/2020	CPR	L. Norris	Cert. Cards	L. Norris		177.00
3/6/2020	CNA		CNA Books	D. Loomis		350.57
3/9/2020	Agreement		Pathway Health			3,000.00
4/1/2020	Agreement		Pathway Health			3,000.00
4/21/2020	DSP	C. Leonard	materials	C.leonard		29.74
4/30/2020	Leadership	C. Crivelli	CANCELED	M.Brave	Shrine/Belleville	213.81
4/30/2020	Leadership	C.Crivelli	CANCELED	M.Brave	Shrine/Belleville	1,547.19
4/30/2020	Leadership	C.Crivelli	REFUND	M.Brave	Shrine/Belleville	-1,761.00
5/1/2020	Agreement		Pathway Health			3,000.00
5/5/2020	Post-Acute Care		materials	D. Loomis		191.20
5/5/2020	CPR	L. Norris	Cert. Cards	L. Norris		36.80
5/7/2020	CPR	L. Norris	Cert. Cards	L. Norris		224.60
5/17/2020	CPR	L. Norris	Cert. Cards	L. Norris		57.85
5/21/2020	19 Compliance		webinar	T. Smith		110.00
5/27/2020	CE Solutions		Contract	M.Brave		6,112.03
5/29/2020	CPR	L. Norris	Manuals & Cards	L. Norris		79.85

5/23/2020	CPR		training materials	L. Norris		151.76
6/1/2020	Agreement		Pathway Health			3,000.00
6/11/2020	CPR	L. Norris	Manuals & Cards	L. Norris		42.90
6/16/2020	MED-PASS		Policy & Procedures	C. Smith		230.00
6/16/2020	MED-PASS		Policy & Procedures	C. Smith		139.00
6/16/2020	MED-PASS		Policy & Procedures	C. Smith		179.00
6/16/2020	MED-PASS		Policy & Procedures	C. Smith		57.00
6/21/2020	CPR	L. Norris	Manuals & Cards	L. Norris		171.55
6/28/2020	CPR	L. Norris	Cert. Cards	L. Norris		8.00
6/30/2020	CPR	L. Norris	Cert. Cards	L. Norris		95.95
7/1/2020	Agreement		Pathway Health			3,000.00
7/3/2020	CPR	L. Norris	Cert. Cards	L. Norris		27.00
7/6/2020	CPR	L. Norris	Manuals & Cards	L. Norris		242.20
7/10/2020	CPR	L. Norris	Cert. Cards	L. Norris		64.50
7/15/2020	CPR	L. Norris	Cert. Cards	L. Norris		52.00
7/31/2020	Risk & Communication		webinar	S. Lappe		139.00
7/31/2020	emplmt law updates		webinar	S. Gerstner		249.00
7/31/2020	Leadership		Books	M.Brave		55.14
7/21/2020	CPR	L. Norris	Manuals & Cards	L. Norris		116.80
7/25/2020	CPR		Instructor Class	L. Norris		900.00
8/1/2020	Agreement		Pathway Health			3,000.00
8/17/2020	Leadershis		Book	M. Brave		24.32
8/17/2020	CPR	L. Norris	Manuals & Cards	L. Norris		116.80
8/25/2020	CPR		Instructor Class	M. Lynam-Miller		450.00
8/28/2020	Leadership		Books	M. Brave		105.12
8/30/2020	CPR	L. Norris	Cert. Cards	L. Norris		79.85
9/1/2020	Agreement		Pathway Health			3,000.00
9/2/2020	CPR	L. Norris	Manuals & Cards	L. Norris		40.90
9/3/2020	CPR	L. Norris	Manuals & Cards	L. Norris		40.90
9/11/2020	Medicare	Online	training	B. Smith		200.00
9/21/2020	CPR	L. Norris	Manuals & Cards	L. Norris		115.80
9/29/2020	Leadership		Books	M. Brave		34.71
9/30/2020	Leadership		Books	M. Brave		121.68

9/30/2020	Hiring Practices		Webinar	S. Lappe		79.00
10/1/2020	Agreement		Pathway Health			3,000.00
10/1/2020	CPR	L. Norris	Cert. Cards	L. Norris		76.00
10/1/2020	CPR	L. Norris	Instructor Class	L. Norris		450.00
10/6/2020	CPR	L. Norris	Manuals & Cards	L. Norris		241.65
10/8/2020	OPTUM		Guideline	D. Loomis		202.83
10/8/2020	CPR	L. Norris	Equipment	D. Loomis		323.40
10/15/2020	CPR	L. Norris	Cert. Cards	L. Norris		75.00
10/15/2020	CPR	L. Norris	Cert. Cards	L. Norris		76.45
10/16/2020	Medicare		webinar	B. Smith		25.00
10/20/2020	medicaid		webinar	B. Smith		100.00
10/25/2020	CPR	L. Norris	Manuals & Cards	L. Norris		448.40
10/30/2020	CPR	L. Norris	Cert. Cards	L. Norris		46.00
11/1/2020	Agreement		Pathway Health			3,000.00
11/3/2020	CPR	L. Norris	Manuals & Cards	L. Norris		132.80
11/12/2020	Annual Training		Workbooks	T. Smith		108.25
11/18/2020	CPR	L. Norris	Manuals & Cards	L. Norris		175.75
11/19/2020	CPR	L. Norris	Manuals & Cards	L. Norris		336.55
11/23/2020	AANAC		RAC-CT Course	D. Loomis		600.00
11/24/2020	CPR	L. Norris	DVD	L. Norris		175.85
11/30/2020	CPR	L. Norris	Manuals & Cards	L. Norris		214.70
11/30/2020	A New Plan		Books	M. Brave		245.00
12/1/2020	Agreement		Pathway Health			3,000.00
12/2/2020	CPR	L. Norris	Manuals & Cards	L. Norris		87.85
12/10/2020	Med Transportation		Transportation Training	M. Brave		4,050.00
12/14/2020	CPR	L. Norris	Manuals & Cards	L. Norris		87.85
12/16/2020	CPR	L. Norris	Manuals & Cards	L. Norris		48.90
12/30/2020	CPR	L. Norris	Cert. Cards	L. Norris		13.95

53,127.55

Total Tuition Payments

16,581.39

Total Training/Education

69,708.94

Clinton Manor Living Center, Inc.

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

Date of Seminar	Seminar	Location/Material	Attended	Attended	Attended	Attended	Registration	Airfare/ Milage	Perdiem	Meals	Hotel	Taxi/Gas	Other	Total
1/31/20	ACHA - CA	Received C	Michael	Cheryl				1034.43						1034.43
1/31/20	Institute Me	Naperville	Michael	Mary						149.24	291.54			440.78
2/17/20	Workforce	Onsite	Sara	Tonya	Samantha		645.00							645.00
3/4/2020	Workplace	Onsite	Sam				199.00							199.00
2/29/20	HR - Fred Pry	Onsite	Sam				99.00							99.00
3/31/20	Anti Sexual H	Edwardsville	Tonya				159.00							159.00
7/21/20	Trip Down M	Highland	Mara				100.00							100.00
9/30/20	IHCA	Onsite	Michael	Cheryl	Darla	Mary	800.00			259.35				1059.35
			Cristal	Noel	Kevin	Marshall	2074.80							2074.80
10/31/20	CAN	Onsite	Sam				99.00							99.00
11/30/20	Legal updates	Onsite	Sara				249.00							249.00
														<b>6159.36</b>

Clinton Manor Living Center, Inc.

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Schedule XIV Attachment

Service	Sched V	Outside Practitioner Units	Cost	Supplies	Total Units	Total Costs
Pediatrist	10-3				\$0.00	\$0.00
Radiology	10a-3		\$2,307.78		\$0.00	\$2,307.78
Labs	10a-3		\$10,027.00		\$0.00	\$10,027.00
Respatory Therapy	10a-3		\$101,546.25		\$0.00	\$101,546.25
<b>Total</b>		0	\$113,881.03	0	0	\$113,881.03