

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

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	<u>35</u>	Skilled (SNF)	<u>35</u>	<u>12,810</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>4</u>	Intermediate (ICF)	<u>4</u>	<u>1,464</u>	3
4	<u>51</u>	Intermediate/DD	<u>51</u>	<u>18,666</u>	4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>90</u>	TOTALS	<u>90</u>	<u>32,940</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>9,187</u>	<u>3,256</u>	<u>1,312</u>	<u>13,755</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD	<u>18,176</u>			<u>18,176</u>	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>27,363</u>	<u>3,256</u>	<u>1,312</u>	<u>31,931</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 96.94%

D. How many bed-hold days during this year were paid by the Department?

0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

n/a

F. Does the facility maintain a daily midnight census?

YesG. 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

1,312Medicare Intermediary Mutual of Omaha

IV. ACCOUNTING BASIS

ACCRUAL

☒

MODIFIED

CASH*

☐

CASH*

☐

Is your fiscal year identical to your tax year?

YES

☒

NO

☐Tax Year: 12/31/12 Fiscal Year: 12/31/12

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	A. General Services	1	2	3	4	5	6	7	8		
1	Dietary	220,242	22,226	5,370	247,838		247,838		247,838		1
2	Food Purchase		179,467		179,467		179,467	(1,422)	178,045		2
3	Housekeeping	81,526	17,387	235	99,148		99,148		99,148		3
4	Laundry	75,141	15,095	967	91,203		91,203		91,203		4
5	Heat and Other Utilities			79,745	79,745	156	79,901	(440)	79,461		5
6	Maintenance	82,602	39,353	73,300	195,255	65	195,320		195,320		6
7	Other (specify):*							(22,000)	(22,000)		7
8	TOTAL General Services	459,511	273,528	159,617	892,656	221	892,877	(23,862)	869,015		8
	B. Health Care and Programs										
9	Medical Director			14,400	14,400		14,400		14,400		9
10	Nursing and Medical Records	1,752,767	155,271	14,847	1,922,885	(273)	1,922,612	(608)	1,922,004		10
10a	Therapy			255,216	255,216		255,216		255,216		10a
11	Activities	14,107	36,646		50,753		50,753		50,753		11
12	Social Services	174,542		2,246	176,788		176,788	(33,760)	143,028		12
13	CNA Training										13
14	Program Transportation		23,746		23,746		23,746		23,746		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	1,941,416	215,663	286,709	2,443,788	(273)	2,443,515	(34,368)	2,409,147		16
	C. General Administration										
17	Administrative	147,526		42,000	189,526		189,526	(42,000)	147,526		17
18	Directors Fees										18
19	Professional Services			160,701	160,701	9,424	170,125	(43,350)	126,775		19
20	Dues, Fees, Subscriptions & Promotions			54,435	54,435	(5,078)	49,357	(25,900)	23,457		20
21	Clerical & General Office Expenses	115,931	23,954	31,605	171,490	184	171,674	(8,700)	162,974		21
22	Employee Benefits & Payroll Taxes			465,356	465,356		465,356		465,356		22
23	Inservice Training & Education			5,364	5,364	509	5,873		5,873		23
24	Travel and Seminar			15,235	15,235	(4,987)	10,248		10,248		24
25	Other Admin. Staff Transportation		2,610		2,610		2,610		2,610		25
26	Insurance-Prop.Liab.Malpractice			38,365	38,365		38,365		38,365		26
27	Other (specify):*			14,783	14,783		14,783	(8,100)	6,683		27
28	TOTAL General Administration	263,457	26,564	827,844	1,117,865	52	1,117,917	(128,050)	989,867		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,664,384	515,755	1,274,170	4,454,309		4,454,309	(186,280)	4,268,029		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			120,998	120,998		120,998	(108)	120,890			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			92,882	92,882		92,882	(1,728)	91,154			32
33	Real Estate Taxes			20,507	20,507		20,507		20,507			33
34	Rent-Facility & Grounds			(20)	(20)		(20)		(20)			34
35	Rent-Equipment & Vehicles			1,858	1,858		1,858		1,858			35
36	Other (specify):*			2,458	2,458		2,458	(290)	2,168			36
37	TOTAL Ownership			238,683	238,683		238,683	(2,126)	236,557			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		44,050		44,050		44,050		44,050			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops		13,178		13,178		13,178		13,178			41
42	Provider Participation Fee			274,837	274,837		274,837		274,837			42
43	Other (specify):*			20,250	20,250		20,250	(20,250)				43
44	TOTAL Special Cost Centers		57,228	295,087	352,315		352,315	(20,250)	332,065			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,664,384	572,983	1,807,940	5,045,307		5,045,307	(208,656)	4,836,651			45

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

		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	(328)	2		4
5	Telephone, TV & Radio in Resident Rooms	(440)	5		5
6	Rented Facility Space	(22,000)	7		6
7	Sale of Supplies to Non-Patients	(608)	10		7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(108)	30		9
10	Interest and Other Investment Income	(1,728)	32		10
11	Discounts, Allowances, Rebates & Refunds	(1,094)	2		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(4,435)	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	(230)	20		17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(1,975)	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	(18,275)	43		24
25	Fund Raising, Advertising and Promotional	(25,670)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(2,167)	27		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(45,598)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (124,656)		\$	30

BHF USE ONLY							
48		49		50		51	52

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

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
(sum of SUBTOTALS				
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (124,656)		37

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

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

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

Clinton Manor Living Center

Report Period Beginning:

Ending:

ID#0033159

01/01/12

12/31/12

NON-ALLOWABLE EXPENSES			Sch. V Line	
		Amount	Reference	
1	Bank fees	\$ (1,498)	27	1
2	Amortization of Loan Costs	(290)	36	2
3	CSS Labor-Admin Progr.	(33,760)	12	3
4	CSS Labor-Admin Asst	(8,700)	21	4
5	Non-care related Legal Expenses	(1,350)	19	5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(45,598)		49

STATE OF ILLINOIS

Summary A

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

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(1,422)	0	0	0	0	0	0	0	0	0	0	(1,422)	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	(440)	0	0	0	0	0	0	0	0	0	0	(440)	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	(22,000)	0	0	0	0	0	0	0	0	0	0	(22,000)	7
8	TOTAL General Services	(23,862)	0	0	0	0	0	0	0	0	0	0	(23,862)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(608)	0	0	0	0	0	0	0	0	0	0	(608)	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	(33,760)	0	0	0	0	0	0	0	0	0	0	(33,760)	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(34,368)	0	0	0	0	0	0	0	0	0	0	(34,368)	16
	C. General Administration													
17	Administrative	0	(42,000)	0	0	0	0	0	0	0	0	0	(42,000)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(1,350)	(42,000)	0	0	0	0	0	0	0	0	0	(43,350)	19
20	Fees, Subscriptions & Promotions	(25,900)	0	0	0	0	0	0	0	0	0	0	(25,900)	20
21	Clerical & General Office Expenses	(8,700)	0	0	0	0	0	0	0	0	0	0	(8,700)	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):*	(8,100)	0	0	0	0	0	0	0	0	0	0	(8,100)	27
28	TOTAL General Administration	(44,050)	(84,000)	0	0	0	0	0	0	0	0	0	(128,050)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(102,280)	(84,000)	0	0	0	0	0	0	0	0	0	(186,280)	29

Summary B

12/31/12

[illegible]

VII. RELATED PARTIES

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

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

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	17	Management	\$ 42,000	Brave Management	0.00%	\$	\$ (42,000)	1
2	V	19	Management	42,000	D. A. Reis LLC	0.00%		(42,000)	2
3	V	19	Data Processing	21,175	WDM Computer Services, Inc.	0.00%	21,175		3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$ 105,175			\$ 21,175	\$ * (84,000)	14

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

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

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

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Michael Greer	Vice President	Owner	12.50	0	14	33.00	Wages	\$ 9,750	17-1	1
2	Blain Richard	President	Owner	25.00	0	10	25.00	Wages	19,545	17-1	2
3	Ann Reis	n/a	Owner	25.00	0	0	0.00	n/a		17-1	3
4	Dave Reis	Treasurer	Board Member	0.00	0	10	25.00	Wages	19,500	17-1	4
5	Michael Brave	Administrator	Administrator	25.00	0	40	100.00	Wages	88,967	17-1	5
6	RDR Mngmt	Management	Management	0.00	0	5	12.00	Mngt Fees	42,000	19-3	6
7	DAR Mngt	Management	Management	0.00	0	5	12.00	Mngt Fees	42,000	19-3	7
8	Greer Mngt	Management	Management	0.00	0	5	12.00	Mngt Fees	42,000	19-3	8
9	Brave, Inc.	Management	Management	0.00	0	5	12.00	Mngt Fees	42,000	17-3	9
10	Gail Greer	n/a	Owner	12.50		0	0.00	Wages	9,764	17-1	10
11	See Attached List (Pg 28)										11
12											12
13								TOTAL	\$ 315,526		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: 01/01/12 Ending: 12/31/12

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related Long-Term												
1	First National Bank		X	Construction	\$952.45	12/19/03	\$ 95,000	\$ 18,309	08/15/14	4.5000	\$ 2,599	1	
2	First National Bank		X	New Storage Shed	\$1,177.54	12/16/11	18,949	72,447	01/16/17	5.1250	2,917	2	
3	First National Bank		X	Refinance & 2nd Mortgage	\$13,720.25	12/31/06	1,305,581	1,226,337	11/07/17	5.1250	49,273	3	
4	First County Bank		X	Auto Loan	\$746.00	01/24/08	45,000	9,191	01/24/14	5.9000	790	4	
5	GMAC		X	Auto Loan	\$583.33	08/31/09	35,000	11,667	08/31/14			5	
	Working Capital												
6	First National Bank		X	Cash Flow	Interest Only	09/27/07	175,000	300,000	11/06/13	various	16,302	6	
7	Owners	X		Cash Flow	Interest Only	04/13/07	48,000	400,000	12/31/12	5.2500	21,000	7	
8												8	
9	TOTAL Facility Related				\$17,179.57		\$ 1,722,530	\$ 2,037,951			\$ 92,882	9	
	B. Non-Facility Related*												
10												10	
11												11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$	14	
15	TOTALS (line 9+line14)						\$ 1,722,530	\$ 2,037,951			\$ 92,882	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 2011 report.	\$							22,657	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.)	\$							21,582	2	
3. Under or (over) accrual (line 2 minus line 1).	\$							(1,075)	3	
4. Real Estate Tax accrual used for 2012 report. (Detail and explain your calculation of this accrual on the lines below.)	\$							21,582	4	
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)	\$								5	
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)	\$								6	
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	\$							20,507	7	
Real Estate Tax History:										
Real Estate Tax Bill for Calendar Year:	2007			21,714			8			
	2008			22,046			9			
	2009			23,059			10			
	2010			23,126			11			
	2011			22,657			12			

FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2011	\$
14	PLUS APPEAL COST FROM LINE 5	\$
15	LESS REFUND FROM LINE 6	\$
16	AMOUNT TO USE FOR RATE CALCULATION	\$

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.**

2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME

Clinton Manor Living Center

COUNTY

Clinton

FACILITY IDPH LICENSE NUMBER

0033159

CONTACT PERSON REGARDING THIS REPORT

Michael Brave

TELEPHONE

618-588-2066

FAX #:

618-588-4611

A.
Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2011 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 2011.

(A)		(B)	(C)	(D)
Tax Index Number		Property Description	Total Tax	Tax Applicable to Nursing Home
1.	11-10-18-178-002	Nursing Home	\$ 17,549.20	\$ 17,549.20
2.	11-10-18-175-023	Office Building	\$ 1,856.04	\$ 1,856.04
3.	11-10-18-175-024	Nursing Home Offices	\$ 2,177.09	\$ 2,177.09
4.			\$	\$
5.			\$	\$
6.			\$	\$
7.			\$	\$
8.			\$	\$
9.			\$	\$
10.			\$	\$
TOTALS			\$ 21,582.33	\$ 21,582.33

B.
Real Estate Tax Cost Allocations

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

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

C. **Tax Bills**

Attach a copy of the original 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

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.**

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet:	21,794	B. General Construction Type:	Exterior	Brick	Frame	Wood, Steel, Concrete	Number of Stories	1
------------------------	---------------	--------------------------------------	-----------------	--------------	--------------	------------------------------	--------------------------	----------

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

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

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

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

n/a

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

1. Total Amount Incurred: _____ **2. Number of Years Over Which it is Being Amortized:** _____

3. Current Period Amortization: _____ **4. Dates Incurred:** _____

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

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

XI. OWNERSHIP COSTS (continued)

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

	1	FOR BHF USE ONLY	2	3	4	5	6	7	8	9	
	Beds*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	69		1987	1969	\$ 594,000	\$ 19,800	30	\$ 19,800	\$	495,002	4
5	12		1991	1991	511,306	17,096	30	17,044	(52)	361,712	5
6											6
7											7
8											8
	Improvement Type**										
9	SPRINKLER		1990		3,140		20			3,143	9
10	LAND IMPROVEMENT		1992		5,410		10			5,410	10
11	BUILDING IMPROVEMENT		1992		37,505	1,224	20,10	1,224		37,505	11
12	BUILDING IMPROVEMENT		1992		26,098	1,203	20	1,203		26,098	12
13	CON		1992		3,000		30	100	100	2,100	13
14	BUILDING IMPROVEMENT		1994		12,580	296	20,10	294	(2)	12,235	14
15	PLUMBING		1995		12,200	613	20	610	(3)	10,821	15
16	LANDSCAPING		1997		1,675		10			1,675	16
17	BOILER		1997		8,858		8			8,858	17
18	REMODEL OF DINING ROOM		1997		35,389	1,769	20	1,769		26,689	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		64,193	21
22	DINING ROOM REMODEL		2001		84,135	4,207	20	4,207		46,626	22
23	Kitchen Improvements		2004		3,852	197	20	193	(4)	1,688	23
24	Flooring		2004		2,790	279	10	279		2,302	24
25	Laundry Building		2004		106,437	5,322	20	5,322		44,792	25
26	Bathroom Flooring		2005		3,650	183	20	183		1,415	26
27	Concrete		2005		2,367	237	10	237		1,755	27
28	Flooring		2005		3,032	152	20	152		1,124	28
29	Bathroom Remodel		2005		3,550	177	20	178	1	1,287	29
30	Roof Repairs		2005		4,225	211	20	211		1,549	30
31	Flooring		2006		5,960	298	20	298		2,086	31
32	New A/C Units		2006		6,141	412	15	410	(2)	2,710	32
33	New Office Building		2006		93,901	3,130	30	3,130		19,297	33
34	Flooring		2007		6,293	787	8	787		4,458	34
35	Entrance Canopy		2007		3,765	188	20	188		988	35
36	Replace Roof		2007		36,366	909	40	909		4,621	36

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

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

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Range Hood	2008	\$ 8,586	\$ 1,241	7	\$ 1,227	\$ (14)	\$ 5,793	37
38	Alarm System	2008	7,224	903	8	903		3,763	38
39	New Patio	2009	3,346	223	15	223		725	39
40	Sprinkler	2010	33,827	1,353	25	1,353		4,059	40
41	Nursing Cabinets	2010	2,003	134	15	134		313	41
42	New Deck and Siding	2010	11,361	456	25	454	(2)	1,215	42
43	Hanover Office Building	1997	45,776	1,526	30	1,526		23,779	43
44	Storage Builgind	2011	18,949	486	39	486		608	44
45	Fire Door	2012	4,152	98	39	98		98	45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 1,885,120	\$ 70,902		\$ 70,924	\$ 22	\$ 1,248,928	70

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 222,605	\$ 23,877	\$ 23,877	\$	9	\$ 134,114	71
72	Current Year Purchases	79,317	6,733	6,733		8	6,733	72
73	Fully Depreciated Assets	419,287					419,279	73
74								74
75	TOTALS	\$ 721,209	\$ 30,610	\$ 30,610	\$		\$ 560,126	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Facility Use	2003 Ford Van	2003	\$ 40,507	\$	\$	\$	5	\$ 40,507	76
77	Facility Use	2007 Chevy Van	2008	49,936	9,987	9,987		5	49,936	77
78	Facility Use	2008 Dodge Caravan	2009	40,458	8,222	8,092	(130)	5	27,440	78
79	Facility Use	01 Ford F150	2011	6,385	1,277	1,277		5	2,341	79
80	TOTALS			\$ 137,286	\$ 19,486	\$ 19,356	\$ (130)		\$ 120,224	80

E. Summary of Care-Related Assets

	1	2	
	Reference	Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 2,809,615	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 120,998	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 120,890	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (108)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,929,278	85

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

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	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.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions.
- ☐ YES☐ NO

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

**

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: \$1,858
- Description: Dishwasher Rental (\$1,294.08), Bed Rental (\$504.00), Air Mattress (\$60.00)
- (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

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.	/2013	\$
13.	/2014	\$
14.	/2015	\$

* 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.

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

☒ 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

C. CONTRACTUAL INCOME

ALLOCATION OF COSTS (d)

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

		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)	\$			

COMPLETED

1. From this facility

2. From other facilities (f)

DROP-OUTS

1. From this facility

2. From other facilities (f)

TOTAL TRAINED

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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

	1	2	3	4	5	6	7	8		
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	10a-3	hrs	\$	65,704	\$ 84,835	\$	65,704	\$ 84,835	1
2	Licensed Speech and Language Development Therapist	10a-3	hrs		18,404	27,238		18,404	27,238	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a-3	hrs		102,809	137,367		102,809	137,367	4
5	Physician Care		visits							5
6	Dental Care	10-3	visits			1,142			1,142	6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39-2	# of prescrpts				44,050		44,050	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)	10-3	hrs		257	12,825		257	12,825	10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):									13
14	TOTAL			\$	187,174	\$ 263,407	\$ 44,050	187,174	\$ 307,457	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.

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	\$ 137,177	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,291,558		3
4	Supply Inventory (priced at FIFO)	23,067		4
5	Short-Term Investments			5
6	Prepaid Insurance	24,785		6
7	Other Prepaid Expenses	15,062		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Rounding	1		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,491,650	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	(40,809)		12
13	Land	116,387		13
14	Buildings, at Historical Cost	2,710,362		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	892,260		16
17	Accumulated Depreciation (book methods)	(2,232,177)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spec Loan Org Costs	8,424		22
23	Other(specify): CIP	(7,989)		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,446,458	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,938,108	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 210,215	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	300,000		29
30	Accrued Salaries Payable	203,558		30
31	Accrued Taxes Payable (excluding real estate taxes)	1,576		31
32	Accrued Real Estate Taxes(Sch.IX-B)	43,080		32
33	Accrued Interest Payable	5,030		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Payroll Withholdings	(13,360)		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 750,099	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	111,614		39
40	Mortgage Payable	1,518,145		40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Loans from Shareholders	400,000		43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 2,029,759	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 2,779,858	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 158,250	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,938,108	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 97,613	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 97,613	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	162,819	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	(144,499)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) Net Income from Rental Divisions	42,316	15
16	Other (describe) Rounding	1	16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 60,637	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)	\$ 158,250	24 *

* This must agree with page 17, line 47.

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

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

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

		1	
	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 4,775,316	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 4,775,316	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	165,512	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 165,512	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	9,860	12
13	Barber and Beauty Care		13
14	Non-Patient Meals	328	14
15	Telephone, Television and Radio	440	15
16	Rental of Facility Space		16
17	Sale of Drugs	6,210	17
18	Sale of Supplies to Non-Patients	608	18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry	3,300	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 20,746	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	1,728	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,728	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See List Attached</u>	244,506	28
28a	<u>Activity Income</u>	318	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 244,824	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 5,208,126	30

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	892,877	31
32	Health Care	2,443,788	32
33	General Administration	1,117,644	33
	B. Capital Expense		
34	Ownership	238,683	34
	C. Ancillary Expense		
35	Special Cost Centers	77,478	35
36	Provider Participation Fee	274,837	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 5,045,307	40
41	Income before Income Taxes (line 30 minus line 40)**	162,819	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 162,819	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 3,687,318	44
45	Private Pay - Net Inpatient Revenue	507,936	45
46	Medicare - Net Inpatient Revenue	580,062	46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 4,775,316	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.

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	1,988	2,164	\$ 65,512	\$ 30.27	1
2	Assistant Director of Nursing	1,998	2,148	56,928	26.50	2
3	Registered Nurses	4,162	4,306	95,645	22.21	3
4	Licensed Practical Nurses	21,302	22,481	428,032	19.04	4
5	CNAs & Orderlies	27,456	28,840	300,400	10.42	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	1,719	1,770	14,107	7.97	10
11	Social Service Workers	3,964	4,213	59,654	14.16	11
12	Dietician					12
13	Food Service Supervisor	2,000	2,128	37,199	17.48	13
14	Head Cook					14
15	Cook Helpers/Assistants	8,168	8,712	101,518	11.65	15
16	Dishwashers	8,882	9,367	81,525	8.70	16
17	Maintenance Workers	5,247	5,607	82,602	14.73	17
18	Housekeepers	8,023	8,568	81,526	9.52	18
19	Laundry	7,683	8,144	75,141	9.23	19
20	Administrator	1,954	2,088	88,967	42.61	20
21	Assistant Administrator					21
22	Other Administrative			58,559		22
23	Office Manager					23
24	Clerical	5,713	6,307	115,931	18.38	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	6,071	6,707	109,981	16.40	28
29	Resident Services Coordinator	2,032	2,153	43,909	20.39	29
30	Habilitation Aides (DD Homes)	61,665	65,196	649,006	9.95	30
31	Medical Records	1,370	1,540	16,838	10.93	31
32	Other Health Care Ex. Director	1,822	2,088	70,979	33.99	32
33	Other(specify) <u>Transportation</u>	2,808	2,986	30,425	10.19	33
34	TOTAL (lines 1 - 33)	186,027	197,513	\$ 2,664,384 *	\$ 13.49	34

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	564	\$ 5,370	1-3	35
36	Medical Director	Contract	14,400	9-3	36
37	Medical Records Consultant	16	880	10-3	37
38	Nurse Consultant				38
39	Pharmacist Consultant				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	Contract	2,246	12-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	580	\$ 22,896		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

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

** See instructions.

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes				F. Dues, Fees, Subscriptions and Promotions			
Name		Function	%	Amount	Description		Amount	Description		Amount	
Michael Brave		Administrator	25	\$ 88,967	Workers' Compensation Insurance		\$ 101,656	IDPH License Fee		\$ 1,990	
Blain Richard		Owner	25	19,545	Unemployment Compensation Insurance		43,009	Advertising: Employee Recruitment		10,055	
Michael Greer		Owner	12.5	9,750	FICA Taxes		195,643	Health Care Worker Background Check		200	
Dave Reis		Owner	25	19,500	Employee Health Insurance		96,846	(Indicate # of checks performed 40)			
Gail Greer		Owner	12.5	9,764	Employee Meals			Patient Background Checks 21		488	
					Illinois Municipal Retirement Fund (IMRF)*			Promotion/Public Relation		25,670	
					Deffered Compensation		3,500	Employee Drug Testing		305	
TOTAL (agree to Schedule V, line 17, col. 1)					401 (k) Match		2,522	See List Attached		10,419	
(List each licensed administrator separately.)				\$ 147,526	Employee Physicals		2,121				
B. Administrative - Other					Employee Benefits-Other		3,171				
					Employee gifts		1,908	Less: Public Relations Expense		(25,670)	
Description				Amount	Employee B-Days		230	Non-allowable advertising (		)	
Brave Management				\$ 42,000	Vacation Accrual Adjustment		14,750	Yellow page advertising (		)	
TOTAL (agree to Schedule V, line 17, col. 3)				\$ 42,000	TOTAL (agree to Schedule V, line 22, col.8)		\$ 465,356	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 23,457	
(Attach a copy of any management service agreement)					E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**			
C. Professional Services					Description		Line #	Amount	Description	Amount	
Vendor/Payee		Type	Amount	n/a				\$ 0	Out-of-State Travel	\$	
RDR Management		Management	\$ 42,000								
D.A Reis LLC		Management	42,000								
Greer Management		Management	42,000								
WDM Computer Svcs		Data Processing	21,175						In-State Travel		
Accumed		Software Support	1,545								
Ability		Software Support	1,502								
The Hartford		Retirement Plan Admin.	966								
Law Offices of Tom Kennedy		Legal	1,350						Seminar Expense		
Giffen, Winning, Bodewes		Legal	3,538						See List Attached	10,248	
Sigma Care		EMR Software Support	9,424								
See List Attached			4,625								
TOTAL (agree to Schedule V, line 19, column 3)					TOTAL		\$		Entertainment Expense (	)	
(If total legal fees exceed \$5,000, attach copy of invoices.)				\$ 170,125					(agree to Sch. V, line 24, col. 8)		
									TOTAL	\$ 10,248	

*** Attach copy of IMRF notifications**

****See instructions.**

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

1		2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1			\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

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. LSN \$1515.00

(3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? _____

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

(5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 8

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 44,754 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. \$ 274,837
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? Yes If YES, attach an explanation of the allocation.

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

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

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 328

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? Yes If YES, please indicate the amount of income earned from such a program during this reporting period. \$ 20,501
c. What percent of all travel expense relates to transportation of nurses and patients? 75
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 out of Schedule V? Yes

(19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? No
Attach invoices and a summary of services for all architect and appraisal fees.

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

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

Repairs & Maint. Dietary	\$5,141.39
Repairs & Maint. Laundry	\$1,571.00
Repairs & Maint. Housekeeping	\$0.00
Repairs & Maint. Equipment	\$14,233.13
Repairs & Maint. Ground	\$679.40
Repairs & Maint. Building	\$20,017.98
Repairs & Maint. Wheelchairs	\$0.00
Repairs & Maint. Outside services	\$27,094.64
Repairs & Maint. Gen/Amdin.	\$4,562.50
	<u>\$73,300.04</u>

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

Printing	\$0.00
Postage	\$3,111.60
Copier	\$4,394.86
Telephone	\$24,098.26
	<u>\$31,604.72</u>

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

Amortization of Loan Costs	\$290.48
Political Contributions	\$0.00
State Replacement taxes	\$2,167.00
Rounding	\$0.02
	<u>\$2,457.50</u>

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

Bad Debt Expense	\$18,274.50
Contributions	\$1,975.00

\$20,249.50

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

Miscellaneous	\$2,565.18
Meetings Exp.	\$6,284.84
Sales Tax	\$4,435.00
Bank Fees	\$1,497.99

\$14,783.01

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

Mileage reimbursement (administrative)	<u>\$2,609.76</u>
(See List Attached)	<u>\$2,609.76</u>

The following is a breakdown of Schedule XVII Line 28a

CSS Labor: Admin. Program	\$33,760.00
CSS Labor: Admin. Assist.	\$8,700.00
CSS Labor: Nursing Labor	\$0.00
CSS Labor: Maintenance	\$0.00
Friends of the CIS	\$14,794.00
Misc. Revenue	\$17,261.00
Pursonal Purchases Inome	\$166.63
Office Lease	\$20,000.00
Discounts/Rabates	\$1,094.29
In-House Day Training Revenue	\$118,959.14
Gain/Loss on Sale of Asset	\$0.00
Income from Transportation (IDPA Trans. Repymt)	\$20,501.32
In-service Training Revenue	\$0.00

Education Reimbursement	\$9,269.60
Rounding	\$0.00
	<u>\$244,505.98</u>

The following is a breakdown of Schedule XIX, Section F

Illinois Pioneer Coalition	Membership	\$150.00
LSN Dues	Membership	\$1,515.00
Area Agency on Ageing	Membership	\$100.00
IARF	Membership	\$4,986.74
Sams		\$1,815.00
Sec of State	Vehicle Licenses	\$405.75
Klasing License	New Truck License	\$35.00
IL Dept of Public Health	Sanitation Licenses	\$385.00
Illinos of of the State Fire Marshall	Boiler Cert.	\$210.00
City of Mascoutah	Conditional Use application fee	\$200.00
Clinton County Health Department	County Food Permit	\$55.00
Cumputype	Software License	\$560.40
Rounding		\$1.00
		<u>\$10,418.89</u>

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

Bryanne Dixon	Clerical Support	\$1,905.75
RTW, Inc	Clerical Support	\$720.00
Quickbooks	Software Support	\$200.00
Anderson Consulting	Energy Consulting	\$1,800.00
Rounding		-\$1.00
		<u>\$4,624.75</u>

Schedule XIII, Section A.

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

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

The following is a breakdown of the reclassifications:

1. Reclass \$360.00 from Dues & Subscriptions to In-Service Training due to miscoding of t
- 2.Reclass \$65.00 from License fees to Repairs due to miscoding of computer repairs.
3. Reclass \$59.99 from Dues & Subscriptions to Ofiice supplies due to miscoding of office
4. Reclass \$156.00 from Dues & Subscriptions to Utilities due to miscoding of utility exp
5. Reclass \$9,423.75 from License fees to Professional fees. Reclass EMR software suppor
6. Reclass \$123.82 from In-service to Ofiice supplies due to miscoding of office supplies
7. Reclass \$-272.84 from In-service to Nursing supplies due to miscoding of cash receipt
8. Reclass \$4,986.74 from Seminar to Dues due to miscoding of IARF dues.
- 9.
- 10
- 11
- 12

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

Schedule VII Attachment

Name	Function	Nursing Home	Compensation		
			Ownership Interest	from other Nursing Homes	Interest Income
D.A. Reis LLC	Management	Southern Illinois Comm. Support Services.	0	\$21,043.65	
Greer Management	Management	Southern Illinois Comm. Support Services.	0	\$21,043.65	
Advanced Options	Management	Southern Illinois Comm. Support Services.	0	\$42,087.32	
RDR Management	Management	Southern Illinois Comm. Support Services.	0	\$21,043.65	
David Reis	Owner	Southern Illinois Living Center, Inc.	25		\$5,250.00
Gail Greer	Owner	Southern Illinois Living Center, Inc.	12.5		\$2,625.00
Mike Greer	Owner	Southern Illinois Living Center, Inc.	12.5		\$2,625.00
Michael Brave	Owner	Southern Illinois Living Center, Inc.	25		\$5,250.00
Blain Richard	Owner	Southern Illinois Living Center, Inc.	25		\$5,250.00

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

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

Date	Training	Who	Cost	Meals	Materials	Total
11/1/2010	CPR Training	K. Wilken	19.50			\$19.50
1/1/2012	Annual Dues	Joan	180.00			\$180.00
1/12/2012	Incervice	Michael	39.95			\$39.95
1/19/2012	Disaster Training	Joan, Michael			200.00	\$200.00
1/31/2012	Orientation Supplies	Joan			49.93	\$49.93
2/2/2012	Disaster Planning	Joan, Michael			200.00	\$200.00
2/3/2012	Fee for administrators exam	Michael	263.00			\$263.00
2/7/2012	Inservice	Michael				\$39.95
2/29/2012	Annual Training Supplies	Joan			43.99	\$43.99
3/1/2012	Inservice	Michael	39.95			\$39.95
3/12/2012	Sams	Michael			110.00	\$110.00
3/21/2012	CPR	K. Wilken	44.00			\$44.00
3/31/2012	Training Suppllies	Joan			22.51	\$22.51
4/11/2012	Inservice	J. Hart	200.00			\$200.00
4/6/2012	Kaskaskia College	Education	808.00			\$808.00
4/26/2012	Office Training	Joan			78.88	\$78.88
5/3/2012	Inservice	Michael	39.95			\$39.95
HFS 3745 (N-4-99)						

5/3/2012 Inservice	Michael	39.95		\$39.95
5/9/2012 Sams	Michael		72.60	\$72.60
5/11/2012 Training	K. Osborn	30.81		\$30.81
5/17/2012 CPR	K. Wilken	23.00		\$23.00
6/14/2012 Inservice	Michael	39.95		\$39.95
7/3/2012 Inservice	Michael	39.95		\$39.95
7/9/2012 Sams	Michael		60.00	\$60.00
7/17/2012 Inservice	Michael	39.95		\$39.95
7/31/2012 Reference books	Joan		63.89	\$63.89
8/1/2012 Inservice	Michael	39.95		\$39.95
8/13/2012 Inservice	Michael	39.95		\$39.95
8/31/2012 Med-pass Inc	Michael		12.50	\$12.50
8/13/2012 Inservice Training	Joan	57.27		\$57.27
9/5/2012 Inservice	Michael	39.95		\$39.95
9/13/2012 C N A	Smith	364.00		\$364.00
9/30/2012 Food Service	G. Coney	472.00		\$472.00
10/9/2012 Inservice	Michael	39.95		\$39.95
10/10/2012 CPR	K. Wilken	11.00		\$11.00
10/18/2012 Emergency	Michael	600.00		\$600.00
11/6/2012 CPR	K. Wilken	65.75		\$65.75

11/9/2012 Inservice	Michael	39.95		\$39.95
11/30/2012 Orientation & Inservice	Joan		99.21	\$99.21
12/8/2012 CPR	K. Wilken	41.50		\$41.50
12/10/2012 CPR	K. Wilken	30.00		\$30.00
12/10/2012 Inservice	Michael	39.95		\$39.95
12/11/2012 Sams	Michael		180.00	\$180.00
12/7/2012 Ingenix	Margie		549.90	\$549.90
12/31/2012 Reclass			360.00	\$360.00
			<u>\$5,872.54</u>	

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

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

Sams	C. Smith	Institute on Publc Policy	2/17/2012 gas	\$43.69
Sams	C. Smith	Institute on Publc Policy	2/18/2012 gas	\$46.68
Sams	C. Smith	Institute on Publc Policy	2/19/2012 food	\$14.67
Sams	C. Smith	Institute on Publc Policy	2/20/2012 food	\$99.99
Sams	C. Smith	Institute on Publc Policy	2/21/2012 Hotel	\$88.48
Sams	C. Smith		5/9/2012 Food	\$16.72
Sams	C. Smith		5/9/2012 Gas	\$13.29
Sams	C. Smith		5/9/2012 Rental Car	\$89.72
Southern Illinois Comm	C. Smith	Train IHCA	3/12/2012	\$595.00
Southern Illinois Comm	C. Smith	Exam Fee	3/12/2012	\$285.00
Chase	M. Brave	NIU Outreach	4/4/2012 Legal	\$525.00
Chase	M. Brave	Southwest	4/4/2012 Travel	\$728.40
Chase	M. Brave	Southwest	4/11/2012 Travel	\$529.20
Chase	M. Brave	Giordanos	4/24/2012 Food	\$38.77
Illin Pioneer Coali	M. Brave	Illinois Pioneer Coalition	6/14/2012	\$30.00
Chase	M. Brave	Ramada Limited Inn & S. Bloomington IL	5/2/2012 Hotel	\$69.44
Chase	M. Brave	Pizzeria Uno #761 Chicago IL	5/3/2012 Food	\$42.48
Chase	M. Brave	Timothy O'Tooles Chicago IL	5/4/2012 Food	\$35.33
Chase	M. Brave	DoubleTree Mag Mile Chigago IL	5/5/2012 Hotel	\$624.98
Chase	M. Brave	Pioneer Network in Rochester NY	6/19/2012	\$555.00
Chase	M. Brave	Pioneer Network in Rochester NY	6/19/2012	\$555.00
Chase	M. Brave	Pioneer Network in Rochester NY		\$134.57
Chase	M. Brave	Pioneer Network in Rochester NY		\$134.57
Hilton Hotel		Pioneer Network in Rochester NY		-\$8.00
CC- Southwest Airlines	M. Brave, C. Smith	National Pioneer Conf.	8/3/2012 Travel	\$10.00
CC- Southwest Airlines	M. Brave, C. Smith	National Pioneer Conf.	8/3/2012 Travel	\$10.00
CC- Chevron	M. Brave, C. Smith	National Pioneer Conf.	8/8/2012 Travel	\$14.40
CC- Hyatt Regency	M. Brave, C. Smith	National Pioneer Conf.	8/9/2012 Hotel	\$513.29
CC- Hyatt Regency	M. Brave, C. Smith	National Pioneer Conf.	8/9/2012 Hotel	\$477.29
Smith Reimbursement	Smith			\$104.04
INHAA	R. Hicks, D. Belva, C. Leonard	INHAA	10/18/2012	\$705.00
Chase	M. Brave			\$960.00
Sams Discover	M. Brave, C. Smith	Culture Seminar, 667.52 Hotel, 107.89		

Food, 43.72

Chase	M. Brave, C. Smith	Springfield Crowne Plaza IL	11/9/2012	\$819.13
Chase	M. Brave, C. Smith	Springfield Crowne Plaza IL	10/9/2012 Hotel	\$169.06
Chase	M. Brave, C. Smith	Springfield Crowne Plaza IL	10/10/2012 Hotel	\$124.32
Chase	M. Brave, C. Smith	Medici Normal IL	10/10/2012 Hotel	\$124.32
Chase	M. Brave, C. Smith	Heartland Parking Inc. Peoria IL	10/9/2012 Food	\$95.57
Chase	M. Brave, C. Smith	S.C.P.	10/10/2012 Parking	\$2.00
Chase	M. Brave, C. Smith	Heartland Parking Inc.	10/10/2012 Hotel	\$124.32
Chase	M. Brave, C. Smith	Heartland Parking Inc.	10/11/2012 Parking	\$5.00
Chase	M. Brave, C. Smith	Holiday Inn Express	10/10/2012 Parking	\$1.00
Chase	M. Brave, C. Smith	Heartland Parking	10/14/2012 Hotel	\$362.78
Chase	M. Brave, C. Smith	Holiday Inn Express	10/10/2012 Parking	\$5.00
Chase	M. Brave, C. Smith	MC Hotel Network RBT	10/14/2012 Hotel	\$362.78
Chase	M. Brave, C. Smith	MC Hotel Network RBT	10/13/2012 Finance	-\$14.51
Chase	M. Brave, C. Smith	MC Hotel Network RBT	10/13/2012 Finance	-\$14.51

\$10,248.26

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

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

<u>Trx#</u>	<u>Jrnl</u>	<u>Ref</u>	<u>Post</u> <u>Date</u>	<u>Date</u>	<u>Name, Expense</u>	<u>Amount</u>
38 PRCH		123120	12-Jan	12/31/2011	SMITH REIMBURSEMENT	\$22.40
6 PRCH		12620	12-Jan	1/26/2012	KAVAU REIMBURSEMENT	\$180.54
56 PRCH		12720	12-Jan	1/27/2012	GLASS REIMBURSEMENT	\$64.26
71 GV		31	12-Jan	1/31/2012	EMILY SMITH	-\$22.40
84 PRCH		20120	12-Jan	2/1/2012	LEONA REIMBURSEMENT	\$33.15
26 PRCH		20720	12-Feb	2/7/2012	SMITH REIMBURSEMENT	\$34.68
33 PRCH		22820	12-Feb	2/20/2012	HUDSO REIMBURSEMENT	\$8.16
93 PRCH		22920	12-Feb	2/29/2012	SMITH REIMBURSEMENT	\$34.68
54 PRCH		22920	12-Feb	2/29/2012	LEONA REIMBURSEMENT	\$15.81
14 PRCH		22920	12-Mar	2/29/2012	JACKS REIMBURSEMENT	\$15.45
3 PRCH		30220	12-Mar	3/2/2012	BELVA REIMBURSEMENT	\$40.80
9 PRCH		31520	12-Mar	3/15/2012	HUDSO REIMBURSEMENT	\$31.01
42 PRCH		32020	12-Mar	3/20/2012	KAVAU REIMBURSEMENT	\$159.12
75 PRCH		33120	12-Mar	3/31/2012	SMITH REIMBURSEMENT	\$73.44
74 PRCH		33120	12-Mar	3/31/2012	LEONA REIMBURSEMENT	\$18.36
1 PRCH		33120	12-Apr	4/3/2012	BELVA REIMBURSEMENT	\$38.76
21 PRCH		33120	12-Apr	4/12/2012	DARLA REIMBURSEMENT	\$71.20
39 PRCH		41720	12-Apr	4/17/2012	LAMME REIMBURSEMENT	\$94.35
36 PRCH		43020	12-Apr	4/30/2012	KENNE REIMBURSEMENT	\$60.00
15 PRCH		43020	12-Apr	4/30/2012	SMITH REIMBURSEMENT	\$35.70
13 PRCH		43020	12-Apr	4/30/2012	HUDSO REIMBURSEMENT	\$18.16
39 PRCH		43020	12-May	5/16/2012	BELVA REIMBURSEMENT	\$30.60
69 PRCH		53120	12-May	5/31/2012	LEONA REIMBURSEMENT	\$45.09
16 PRCH		61220	12-Jun	6/12/2012	KAVAU REIMBURSEMENT	\$168.30
49 PRCH		63020	12-Jun	6/30/2012	HUDSO REIMBURSEMENT	\$31.22
36 PRCH		63020	12-Jul	6/30/2012	SMITH REIMBURSMENT	\$17.34
52 PRCH		70520	12-Jul	6/30/2012	LEONA REIMBURSEMENT	\$36.21
20 PRCH		63020	12-Jul	6/30/2012	COZAI REIMBURSEMENT	\$19.91
44 PRCH		63020	12-Jun	7/5/2012	BELVA REIMBURSEMENT	\$17.34

58 PRCH	72420	12-Jul	7/24/2012	RITAH REIMBURSEMENT	\$53.04
47 PRCH	73120	12-Jul	7/31/2012	LEONA REIMBURSEMENT	\$29.58
48 PRCH	81320	12-Aug	8/13/2012	SMITH REIMBURSEMENT	\$96.96
54 PRCH	73120	12-Aug	8/14/2012	BELVA REIMBURSEMENT	\$17.34
70 PRCH	83120	12-Aug	8/31/2012	SMITH REIMBURSEMENT	\$34.68
5 PRCH	91020	12-Sep	9/10/2012	LEONA REIMBURSEMENT	\$72.42
4 PRCH	91420	12-Sep	9/14/2012	KAVAU REIMBURSEMENT	\$186.66
22 PRCH	93020	12-Oct	9/30/2012	LEONA REIMBURSEMENT	\$33.66
16 PRCH	100120	12-Oct	10/1/2012	GREEN REIMBURSMENT	\$34.00
75 PRCH	100420	12-Oct	10/4/2012	SMITH REIMBURSMENT	\$121.20
64 PRCH	102420	12-Oct	10/24/2012	HUDSO REIMBURSEMENT	\$29.18
37 PRCH	103120	12-Nov	10/31/2012	KAVAU REIMBURSEMENT	\$186.66
69 PRCH	103120	12-Oct	11/5/2012	LEONA REIMBURSEMENT	\$16.83
68 PRCH	110520	12-Oct	11/5/2012	BELVA REIMBURSEMENT	\$45.90
71 PRCH	103120	12-Oct	11/6/2012	SMITH REIMBURSEMENT	\$34.97
39 PRCH	113020	12-Nov	11/30/2012	LEONA REIMBURSEMENT	\$17.85
34 PRCH	113020	12-Nov	11/30/2012	HUDSO REIMBURSEMENT	\$27.74
8 PRCH	113020	12-Nov	11/30/2012	BELVA REIMBURSEMENT	\$15.30
61 PRCH	113020	12-Nov	11/30/2012	SMITH REIMBURSEMENT	\$10.20
20 PRCH	120420	12-Dec	12/4/2012	CONEY REIMBURSEMENT	\$15.30
17 PRCH	10420	12-Dec	1/4/2013	KAVAU REIMBURSEMENT	\$64.26
61 PRCH	123120	12-Dec	1/7/2013	SMITH MILES/PHONE/DECO	\$22.41
57 PRCH	120720	12-Dec	1/9/2013	BELVA MILEAGE/PHONE	\$17.85
60 PRCH	123120	12-Dec	1/10/2013	LEONA MILEAGE/FOOD	\$25.50
58 PRCH	122120	12-Dec	1/10/2013	RITAH MILES/FOOD/DECOR	\$6.63
					\$2,609.76

* All enpenses were for mileage reimbursement for use of personal vehicle.

<u>Name</u>	<u>Title</u>
C. Smith	DON
E. Smith	QMRP
C. Leonard	Social Svc Designee
A. Hudson	QMRP
D. Belva	QMRP
G. Coney	Dietary Supervisor

K. Green	LPN
S. Kavanaugh	Ward Clerk
Rita Hicks	Dir of DD Services
J. Kenner	Med Transportation
B. Lammers	DSP
M. Jackson	SNF Social Services
C. Glasscock	DSP
B. Cozair	DSP