

		FOR BHF USE					

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2016
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2016)

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

I. IDPH License ID Number: 0033159

Facility Name: Clinton Manor Living Center

Address: 111 East Illinois St New Baden 62265
Number City Zip Code

County: Clinton

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

HFS ID Number:

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

Type of Ownership:

☐ VOLUNTARY, NON-PROFIT
☐ Charitable Corp.
☐ Trust
IRS Exemption Code

☒ PROPRIETARY
☐ Individual
☐ Partnership
☐ Corporation
☒ "Sub-S" Corp.
☐ Limited Liability Co.
☐ Trust
☐ Other
☐ GOVERNMENTAL
☐ State
☐ County
☐ Other

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

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2016 to 12/31/2016 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

Officer or
Administrator
of Provider

(Signed) _____
(Type or Print Name) _____
(Title) _____

Paid
Preparer

(Signed) _____
(Print Name and Title) James G. Hull, C.P.A.
Vice President
(Firm Name & Address) WDM Computer Services, Inc.
1900 Harrison Street, Quincy, IL 62301
(Telephone) 217-228-1950 Fax # 217-222-6053

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

Facility Name & ID Number Clinton Manor Living Center

0033159 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>6,739</u>	<u>4,168</u>	<u>700</u>	<u>11,607</u>	8
9	SNF/PED					9
10	ICF	<u>1,464</u>			<u>1,464</u>	10
11	ICF/DD	<u>18,037</u>			<u>18,037</u>	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>26,240</u>	<u>4,168</u>	<u>700</u>	<u>31,108</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 94.44%

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? Yes

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 700

Medicare Intermediary Mutual of Omaha

IV. ACCOUNTING BASIS

ACCRAUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 12/31/16 Fiscal Year: 12/31/16

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

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	245,003	21,883	7,191	274,077		274,077		274,077			1
2	Food Purchase		223,858		223,858		223,858	(6,850)	217,008			2
3	Housekeeping	112,195	24,169	195	136,559		136,559		136,559			3
4	Laundry	60,730	2,858		63,588		63,588		63,588			4
5	Heat and Other Utilities			91,247	91,247		91,247		91,247			5
6	Maintenance	111,345	68,145	95,517	275,007	554	275,561		275,561			6
7	Other (specify):*							(7,200)	(7,200)			7
8	TOTAL General Services	529,273	340,913	194,150	1,064,336	554	1,064,890	(14,050)	1,050,840			8
	B. Health Care and Programs											
9	Medical Director			24,000	24,000		24,000		24,000			9
10	Nursing and Medical Records	2,357,302	220,555	31,571	2,609,428		2,609,428	(166)	2,609,262			10
10a	Therapy	31,836		136,907	168,743		168,743		168,743			10a
11	Activities	49,423	23,381		72,804		72,804		72,804			11
12	Social Services	154,904		2,784	157,688		157,688	(30,384)	127,304			12
13	CNA Training											13
14	Program Transportation		16,831		16,831		16,831		16,831			14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	2,593,465	260,767	195,262	3,049,494		3,049,494	(30,550)	3,018,944			16
	C. General Administration											
17	Administrative	246,544		84,750	331,294		331,294	(84,750)	246,544			17
18	Directors Fees											18
19	Professional Services			309,887	309,887		309,887	(84,750)	225,137			19
20	Dues, Fees, Subscriptions & Promotions			104,159	104,159	(554)	103,605	(40,411)	63,194			20
21	Clerical & General Office Expenses	184,238	19,769	31,573	235,580		235,580	(7,830)	227,750			21
22	Employee Benefits & Payroll Taxes			650,228	650,228		650,228		650,228			22
23	Inservice Training & Education			6,508	6,508		6,508		6,508			23
24	Travel and Seminar			11,299	11,299		11,299	(7)	11,292			24
25	Other Admin. Staff Transportation		2,030		2,030		2,030		2,030			25
26	Insurance-Prop.Liab.Malpractice			63,245	63,245		63,245		63,245			26
27	Other (specify):*			31,672	31,672		31,672	(27,795)	3,877			27
28	TOTAL General Administration	430,782	21,799	1,293,321	1,745,902	(554)	1,745,348	(245,543)	1,499,805			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,553,520	623,479	1,682,733	5,859,732		5,859,732	(290,143)	5,569,589			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			168,706	168,706		168,706	41	168,747			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			83,240	83,240		83,240	(234)	83,006			32
33	Real Estate Taxes			30,294	30,294		30,294		30,294			33
34	Rent-Facility & Grounds			510	510		510		510			34
35	Rent-Equipment & Vehicles			17,978	17,978		17,978		17,978			35
36	Other (specify):*			1,744	1,744		1,744	(1,743)	1			36
37	TOTAL Ownership			302,472	302,472		302,472	(1,936)	300,536			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		25,251		25,251		25,251		25,251			39
40	Barber and Beauty Shops			322	322		322		322			40
41	Coffee and Gift Shops		9,577		9,577		9,577		9,577			41
42	Provider Participation Fee			233,847	233,847		233,847		233,847			42
43	Other (specify):*			13,648	13,648		13,648	(13,648)				43
44	TOTAL Special Cost Centers		34,828	247,817	282,645		282,645	(13,648)	268,997			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,553,520	658,307	2,233,022	6,444,849		6,444,849	(305,727)	6,139,122			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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(4,317)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space	(7,200)	7		6
7	Sale of Supplies to Non-Patients	(166)	10		7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	41	30		9
10	Interest and Other Investment Income	(234)	32		10
11	Discounts, Allowances, Rebates & Refunds	(2,533)	2		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(924)	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	(1,500)	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	(12,148)	43		24
25	Fund Raising, Advertising and Promotional	(40,375)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(24,444)	27		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(42,427)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (136,227)		\$	30

BHF USE ONLY								
48		49		50		51		52

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

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (136,227)		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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Bank fees	\$ (2,427)	27	1
2	Amortization of Loan Costs	(1,743)	36	2
3	CSS Labor-Admin Progr.	(30,384)	12	3
4	CSS Labor-Admin Asst	(7,830)	21	4
5	Non-care related Legal Expenses	0	19	5
6	Cila Expense	0	20	6
7	Prior Year Education Expense	0	23	7
8	Political Portion of IHCA Dues	(36)	20	8
9	Personal Exp	(7)	24	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	(42,427)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Clinton Manor Living Center# 0033159

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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	(6,850)	0	0	0	0	0	0	0	0	0	0	(6,850)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	(7,200)	0	0	0	0	0	0	0	0	0	0	(7,200)	7
8	TOTAL General Services	(14,050)	0	0	0	0	0	0	0	0	0	0	(14,050)	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	(166)	0	0	0	0	0	0	0	0	0	0	(166)	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	(30,384)	0	0	0	0	0	0	0	0	0	0	(30,384)	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	(30,550)	0	0	0	0	0	0	0	0	0	0	(30,550)	16
	C. General Administration													
17	Administrative	0	(84,750)	0	0	0	0	0	0	0	0	0	(84,750)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	(84,750)	0	0	0	0	0	0	0	0	0	(84,750)	19
20	Fees, Subscriptions & Promotions	(40,411)	0	0	0	0	0	0	0	0	0	0	(40,411)	20
21	Clerical & General Office Expenses	(7,830)	0	0	0	0	0	0	0	0	0	0	(7,830)	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	(7)	0	0	0	0	0	0	0	0	0	0	(7)	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):*	(27,795)	0	0	0	0	0	0	0	0	0	0	(27,795)	27
28	TOTAL General Administration	(76,043)	(169,500)	0	0	0	0	0	0	0	0	0	(245,543)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(120,643)	(169,500)	0	0	0	0	0	0	0	0	0	(290,143)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	41	0	0	0	0	0	0	0	0	0	0	41	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(234)	0	0	0	0	0	0	0	0	0	0	(234)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	(1,743)	0	0	0	0	0	0	0	0	0	0	(1,743)	36
37	TOTAL Ownership	(1,936)	0	0	0	0	0	0	0	0	0	0	(1,936)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(13,648)	0	0	0	0	0	0	0	0	0	0	(13,648)	43
44	TOTAL Special Cost Centers	(13,648)	0	0	0	0	0	0	0	0	0	0	(13,648)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(136,227)	(169,500)	0	0	0	0	0	0	0	0	0	(305,727)	45

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 Service	Quincy	Data Processing
Blain Richard	25			RDR Mngmt	Albers	Management
Michael Greer	12.5			Greer Mngmt	Trenton	Management

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	17	Management	\$ 84,750	Brave Management	0.00%	\$	\$ (84,750)	1
2	V	19	Management	84,750	D. A. Reis LLC	0.00%		(84,750)	2
3	V	19	Data Processing	23,555	WDM Computer Services, Inc.	0.00%	23,555		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			\$ 193,055			\$ 23,555	\$ * (169,500)	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: 01/01/2016 Ending: 12/31/2016

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Michael Greer	Vice President	Owner	12.50	0	14	33.00	Wages	\$ 9,750	17-1	1
2	Blain Richard	President	Owner	25.00	0	10	25.00	Wages	19,500	17-1	2
3	Ann Reis	n/a	Owner	25.00	0	0	0.00	n/a	0	17-1	3
4	Dave Reis	Treasurer	Board Member	0.00	0	10	25.00	Wages	19,500	17-1	4
5	Michael Brave	Administrator	Administrator	25.00	0	40	100.00	Wages	91,262	17-1	5
6	RDR Mngmt	Management	Management	0.00	0	5	12.00	Mngt Fees	84,750	19-3	6
7	DAR Mngt	Management	Management	0.00	0	5	12.00	Mngt Fees	84,750	19-3	7
8	Greer Mngt	Management	Management	0.00	0	5	12.00	Mngt Fees	84,750	19-3	8
9	Brave, Inc.	Management	Management	0.00	0	5	12.00	Mngt Fees	84,750	17-3	9
10	Gail Greer	n/a	Owner	12.50		0	0.00	Wages	9,750	17-1	10
11	See Attached List (Pg 28)										11
12											12
13								TOTAL	\$ 488,762		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: 01/01/2016 Ending: 2/31/2016

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		08/15/14	4.5000	\$	1	
2	First National Bank		X	New Storage Shed	\$1,177.54	12/16/11	18,949	59,464	01/16/17	5.1250		3,373	2
3	First National Bank		X	Refinance & 2nd Mortgage	\$12,684.00	12/31/06	1,305,581	793,532	11/07/17	5.1250		36,587	3
4													4
5	See List		X	See List	See List	See List	97,992	67,496	See List	Various		750	5
	Working Capital												
6	First National Bank		X	Cash Flow	Interest Only	09/27/07	175,000		11/06/13	various			6
7	Owners	X		Cash Flow	Interest Only	04/13/07	48,000	400,000	12/31/15	5.2500		21,000	7
8	See List		x	See List	See List	See List	650,000	526,211	See List	Various		21,529	8
9	TOTAL Facility Related				\$14,813.99		\$ 2,390,522	\$ 1,846,703			\$	83,240	9
	B. Non-Facility Related*												
10													10
11													11
12													12
13													13
14	TOTAL Non-Facility Related						\$	\$			\$		14
15	TOTALS (line 9+line14)						\$ 2,390,522	\$ 1,846,703			\$	83,240	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 2015 report.			\$	21,790	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.)			\$	26,042	2
3. Under or (over) accrual (line 2 minus line 1).			\$	4,252	3
4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	26,042	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	30,294	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		2011	22,657	8	
		2012	21,582	9	
		2013	22,214	10	
		2014	22,083	11	
		2015	21,790	12	
				FOR BHF USE ONLY	
		13	FROM R. E. TAX STATEMENT FOR 2015	\$	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.

FACILITY NAME Clinton Manor Living Center COUNTY Clinton

FACILITY IDPH LICENSE NUMBER 0033159

CONTACT PERSON REGARDING THIS REPORT _____

TELEPHONE 618-588-7136 FAX #: ()

Enter the tax index number and real estate tax assessed for 2015 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 2015.

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.

A. Square Feet: 21,794

B. General Construction Type: Exterior Brick Frame Wood, Steel, Concrete Number of Stories 1

C. Does the Operating Entity?

☒ (a) Own the Facility

☐ (b) Rent from a Related Organization.

☐ (c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity?

☒ (a) Own the Equipment

☐ (b) Rent equipment from a Related Organization.

☐ (c) Rent equipment from Completely Unrelated Organization.

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

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

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐ YES

☒ NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	NURSING HOME	26,669	1987	\$ 66,000	1
2					2
3	TOTALS	26,669		\$ 66,000	3

Facility Name & ID Number Clinton Manor Living Center

0033159

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	69		1987	1969	\$ 594,000	\$ 19,800	30	\$ 19,800	\$	\$ 574,200	4
5	12		1991	1991	511,306	17,096	30	17,044	(52)	430,098	5
6											6
7											7
8											8
	Improvement Type**										
9	SPRINKLER		1990		3,143		20			3,143	9
10	LAND IMPROVEMENT		1992		5,410		10			5,410	10
11	BUILDING IMPROVEMENT		1992		37,505		20,10			37,505	11
12	BUILDING IMPROVEMENT		1992		26,098		20			26,098	12
13	CON		1992		3,000		30	100	100	2,500	13
14	BUILDING IMPROVEMENT		1994		12,580		20,10			12,580	14
15	PLUMBING		1995		12,201		20			12,201	15
16	LANDSCAPING		1997		1,675		10			1,675	16
17	BOILER		1997		8,858		8			8,858	17
18	REMODEL OF DINING ROOM		1997		35,389	1,769	20	1,769		33,767	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		87,360	21
22	DINING ROOM REMODEL		2001		84,135	4,207	20	4,207		63,453	22
23	Kitchen Improvements		2004		3,852	197	20	193	(4)	2,475	23
24	Flooring		2004		2,790		10			2,790	24
25	Laundry Building		2004		106,437	5,322	20	5,322		66,080	25
26	Bathroom Flooring		2005		3,650	183	20	183		2,145	26
27	Concrete		2005		2,367		10			2,367	27
28	Flooring		2005		3,032	152	20	152		1,731	28
29	Bathroom Remodel		2005		3,550	177	20	178	1	1,997	29
30	Roof Repairs		2005		4,225	211	20	211		2,394	30
31	Flooring		2006		5,960	298	20	298		3,278	31
32	New A/C Units		2006		6,141	412	15	410	(2)	4,357	32
33	New Office Building		2006		93,901	3,130	30	3,130		31,818	33
34	Flooring		2007		6,293		8			6,293	34
35	Entrance Canopy		2007		3,765	188	20	188		1,742	35
36	Replace Roof		2007		36,366	909	40	909		8,258	36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Clinton Manor Living Center

0033159

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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	753	8	753		7,224	38
39	New Patio	2009	3,346	223	15	223		1,617	39
40	Sprinkler	2010	33,827	1,353	25	1,353		9,472	40
41	Nursing Cabinets	2010	2,003	134	15	134		850	41
42	New Deck and Siding	2010	11,361	456	25	454	(2)	3,039	42
43	Hanover Office Building	1997	45,776	1,526	30	1,526		29,882	43
44	Storage Builgind	2011	18,949	486	39	486		2,551	44
45	Fire Door	2012	4,152	106	39	106		523	45
46	Accessibility System	2013	4,265	213	20	213		800	46
47	Shower Room 1-Plumbing	2013	8,900	228	39	228		837	47
48	Shower Room 1-Labor	2013	4,019	103	39	103		378	48
49	Shower Room 1-Materials	2013	4,836	124	39	124		455	49
50	Shower Room 1-Tile	2013	8,659	222	39	222		814	50
51	Shower Room 1-Drawings	2013	415	11	39	11		39	51
52	Shower room 2-Plumbing	2013	5,166	132	39	132		464	52
53	Shower Room 2-Labor	2013	3,690	95	39	95		331	53
54	Shower Room 2-Materials	2013	4,686	120	39	120		420	54
55	Shower Room 2-Electric	2013	3,510	90	39	90		315	55
56	Shower Room 2-Tile	2013	8,876	228	39	228		797	56
57	Shower Room 2-Crawings	2013	415	11	39	11		37	57
58	Landscaping	2015	5,292	353	15	353		588	58
59	Landscaping	2015	2,178	145	15	145		230	59
60	Landscaping	2015	9,707	647	15	647		1,025	60
61	New Addition-Sprinkler	2015	32,400	1,620	20	1,620		1,755	61
62	New Addition-Flooring	2015	20,860	1,043	20	1,043		1,130	62
63	New Addition-landscaping	2015	8,524	568	15	568		616	63
64	New Addition-Roof	2015	10,370	519	20	518	(1)	562	64
65	New Addition-Doors/Windows	2015	17,376	869	20	869		941	65
66	New Addition-Plumbing	2015	49,930	2,496	20	2,497	1	2,705	66
67	New Addition-Electrical	2015	87,738	4,387	20	4,387		4,752	67
68	New Addition-General Material/Labor	2015	182,981	4,692	39	4,692		5,083	68
69	Flooring-Therapy Room, Dining area, & 2 ICF/DD Hallways	2016	17,117	287	15	287		287	69
70	TOTAL (lines 4 thru 69)		\$ 2,387,032	\$ 84,083		\$ 84,124	\$ 41	\$ 1,542,114	70

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

Facility Name & ID Number Clinton Manor Living Center

0033159

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1 Totals from Page 12A, Carried Forward		\$ 2,387,032	\$ 84,083		\$ 84,124	\$ 41	\$ 1,542,114	1
2 Parking Lot Repaving	2016	19,373	325	15	325	0	325	2
3 Sprinkler work new addition	2016	2,108	97	20	97		97	3
4 Railing Outside new addition	2016	3,550	163	20	163		163	4
5 Door to Family 3	2016	8,846	295	20	295		295	5
6 Wall Protection/Handrails outside walkway from new addition	2016	5,052	126	20	126		126	6
7 Flooring-Family 1 ICF/DD Group Area	2016	6,412	134	20	134		134	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 TOTAL (lines 1 thru 33)		\$ 2,432,373	\$ 85,223		\$ 85,264	\$ 41	\$ 1,543,254	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	\$ 565,544	\$ 61,794	\$ 61,794	\$	10	\$ 240,906	71
72	Current Year Purchases	39,011	671	671		8	671	72
73	Fully Depreciated Assets	523,319				10	523,319	73
74								74
75	TOTALS	\$ 1,127,875	\$ 62,465	\$ 62,465	\$		\$ 764,896	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Facility Use	2003 Ford Van	2003	\$ 40,507	\$	\$	\$	5	\$ 40,507	76
77	Facility Use	2007 Checy Van	2008	49,936				5	49,936	77
78	Facility Use	2008 Dodge Caravan	2009	40,458				5	40,458	78
79	See List	See List	See List	110,412	21,018	21,018	(0)	5	42,480	79
80	TOTALS			\$ 241,313	\$ 21,018	\$ 21,018	\$ (0)		\$ 173,381	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)	\$ 3,867,561	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 168,706	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 168,747	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 41	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,481,531	85

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

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Cila Units	\$ 1,028,464	\$ 35,418	\$ 434,842	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 1,028,464	\$ 35,418	\$ 434,842	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: \$ 17,978 Description: Propane (\$49.99), Bed/C Pap Rental (\$3321.00), Copiers (\$14607.11)

(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. _____/2017 \$ _____

13. _____/2018 \$ _____

14. _____/2019 \$ _____

* 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)

		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)	\$			

(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	2	3	4		5	6	7	8
			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	\$	715	\$ 40,161	\$	715	\$ 40,161	1
2	Licensed Speech and Language Development Therapist	10a-3	hrs		583	32,897		583	32,897	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a-3	hrs		1,267	56,577		1,267	56,577	4
5	Physician Care		visits							5
6	Dental Care	10-3	visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	10-2	# of prescrpts				25,251		25,251	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)	10-3	hrs		248	12,400		248	12,400	10
11	Academic Education		hrs							11
12	Other (specify): Other Pysch Services	10-3				1,486			1,486	12
13	Other (specify): Pediatricist	10-3				19			19	13
14	TOTAL			\$	2,813	\$ 143,540	\$ 25,251	2,813	\$ 168,791	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	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ (171,706)	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (33,000))	1,837,970		3
4	Supply Inventory (priced at FIFO)	21,606		4
5	Short-Term Investments			5
6	Prepaid Insurance	12,004		6
7	Other Prepaid Expenses	30,050		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)	\$ 1,729,923	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	(64,561)		12
13	Land	116,387		13
14	Buildings, at Historical Cost	3,471,776		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,355,249		16
17	Accumulated Depreciation (book methods)	(2,913,972)		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 Orig Fees	1,452		22
23	Other(specify): CIP	37,129		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,003,460	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,733,383	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 197,884	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	254,590		30
31	Accrued Taxes Payable (excluding real estate taxes)	2,752		31
32	Accrued Real Estate Taxes(Sch.IX-B)	55,620		32
33	Accrued Interest Payable	3,463		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Deferred Rev	167,473		36
37	Payroll Wihholdings	(21,335)		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 660,447	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	653,171		39
40	Mortgage Payable	1,112,449		40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Loans from Owners	800,000		43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 2,565,620	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,226,067	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 507,816	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,733,883	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,023,962	1
2	Restatements (describe):		2
3	Previous year Adjustment	(1,656)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,022,306	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	359,586	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	(831,770)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) Rental Divisions	(42,306)	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (514,490)	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)	\$ 507,816	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Clinton Manor Living Center

0033159

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

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	\$ 6,496,197	1
2	Discounts and Allowances for all Levels	(33,825)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 6,462,372	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	98,334	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 98,334	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	8,619	12
13	Barber and Beauty Care		13
14	Non-Patient Meals	4,317	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	166	18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 13,102	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	234	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 234	26
	E. Other Revenue (specify).****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See List Attached</u>	230,393	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 230,393	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 6,804,435	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,064,890	31
32	Health Care	3,049,494	32
33	General Administration	1,745,348	33
	B. Capital Expense		
34	Ownership	302,472	34
	C. Ancillary Expense		
35	Special Cost Centers	48,798	35
36	Provider Participation Fee	233,847	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 6,444,849	40
41	Income before Income Taxes (line 30 minus line 40)**	359,586	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 359,586	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 5,463,805	44
45	Private Pay - Net Inpatient Revenue	685,287	45
46	Medicare - Net Inpatient Revenue	313,280	46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 6,462,372	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	1,873	2,113	\$ 80,681	\$ 38.18	1
2	Assistant Director of Nursing	819	965	25,928	26.87	2
3	Registered Nurses	14,518	15,175	394,337	25.99	3
4	Licensed Practical Nurses	18,055	19,154	422,710	22.07	4
5	CNAs & Orderlies	32,114	33,618	447,199	13.30	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,296	1,439	31,836	22.12	8
9	Activity Director					9
10	Activity Assistants	4,174	4,344	49,423	11.38	10
11	Social Service Workers	4,037	4,315	72,751	16.86	11
12	Dietician					12
13	Food Service Supervisor	1,874	2,088	52,881	25.33	13
14	Head Cook					14
15	Cook Helpers/Assistants	7,363	7,735	85,096	11.00	15
16	Dishwashers	9,865	10,433	107,026	10.26	16
17	Maintenance Workers	4,625	5,617	111,345	19.82	17
18	Housekeepers	10,167	10,783	112,195	10.40	18
19	Laundry	5,231	5,534	60,730	10.97	19
20	Administrator	1,928	2,088	96,782	46.35	20
21	Assistant Administrator					21
22	Other Administrative	1,927	2,104	152,465	72.46	22
23	Office Manager					23
24	Clerical	7,663	8,396	181,535	21.62	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	5,910	6,236	115,812	18.57	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)	61,030	64,541	832,452	12.90	30
31	Medical Records					31
32	Other Health Care Ex, Dir	1,675	2,088	82,153	39.35	32
33	Other(specify) <u>Transportation</u>	2,841	3,076	38,183	12.41	33
34	TOTAL (lines 1 - 33)	198,985	211,842	\$ 3,553,520 *	\$ 16.77	34

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

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	144	\$ 7,191	1-3	35
36	Medical Director	Contract	24,000	9-3	36
37	Medical Records Consultant	12	880	10-3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Contract	6,946	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	42	2,784	12-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	198	\$ 41,801		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

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No

(2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IARF 20440.00, IHCA 2797.50

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

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

(5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 65,594 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. \$ 233,847
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 benefit on Schedule V. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 4,317

(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. \$ 12,838
c. What percent of all travel expense relates to transportation of nurses and patients? 95
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? n/a
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____

(17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____

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

(19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees

Clinton Manor Living Center, Inc. 01/01/18 - 12/31/18 003119									
The following is a breakdown of Schedule V Line 6 Column 3									
Repairs & Maint, Dietary								\$11,375	
Repairs & Maint, Laundry								\$2,185.99	
Repairs & Maint, Housekeeping								\$0.00	
Repairs & Maint, Outside services								\$35,222.78	
Repairs & Maint, Building								\$11,171.78	
Repairs & Maint, Equipment								\$35,204.25	
Repairs & Maint, Wheelchairs								\$17.00	
Repairs & Maint, Ground								\$1,479.90	
Repairs & Maint, Gro/Ambin.								\$6,200.68	
									<u>\$95,517.11</u>
The following is a breakdown of Schedule V Line 21 Column 3									
Telephone								\$26,684.08	
Copyer								\$1,236.42	
Printing Exp.								\$39.27	
Postage								\$3,091.70	
									<u>\$31,051.47</u>
The following is a breakdown of Schedule V Line 36 Column 3									
Amortization of Loan Costs								\$1,742.88	
Political Contributions								\$0.00	
Rounding								\$1.00	
									<u>\$1,743.88</u>
The following is a breakdown of Schedule V Line 43 Column 6									
Bad Debt Expense								\$12,147.94	
Contributions								\$1,500.00	
									<u>\$13,647.94</u>
The following is a breakdown of Schedule V Line 27 Column 3									
Sales Tax								\$924.00	
State Replacement Tax								\$24,444.00	
Meeting Exp. (Food)								\$3,611.10	
Misc Exp								\$265.29	
Bank Fees								\$2,427.23	
Rounding								\$1.00	
									<u>\$31,672.62</u>
The following is a breakdown of Schedule V Line 25 Column 2									
Mileage reimbursement (administrative)								\$2,029.40	
(See List Attached)									<u>\$2,029.40</u>
The following is a breakdown of Schedule XVII Line 28a									
CSS Labor: Admin. Program								\$38,384.00	
CSS Labor: Admin. Assist.								\$7,839.00	
CSS Labor: Nursing Labor								\$0.00	
CSS Labor: Maintenance								\$0.00	
Friends of the CSS								\$0.00	
Misc. Revenue								\$1,210.92	
Personal Purchases Income								\$106.63	
Office Lease								\$7,200.00	
Discounns/Wabans								\$2,533.41	
In-House Day Training Revenue								\$16,419.89	
Gain/Loss on Sale of Asset								\$0.00	
Income from Transportation	(IDPA Trans. Reymnt)							\$12,838.41	
Insurance Training Revenue								\$0.00	
Education Reimbursement								\$11,854.68	
Activity Income								\$15.17	
Rounding									<u>\$230,393.11</u>
The following is a breakdown of Schedule XIX, Section F									
AANAC	Membership							\$119.00	
AMAZON PRIME	Membership							\$99.00	
IAHF	Membership							\$20,440.00	
HICA	Membership							\$2,797.50	
SAMS CLUB	Membership							\$730.00	
Society for HR	Membership							\$275.00	
Therap	Subscriptions							\$4,068.24	
Subscriptions								\$313.60	
IL Office State Fire Marshall	Licenses							\$21,030.00	
Village of New Baden	Licenses							\$25.00	
Soc of Hums	Licenses							\$789.96	
ANFP	License Cost							\$155.00	
CMS	CMS Certification							\$504.00	
Sigma Case	Software License							\$18,562.00	
Direct Supply								\$1,261.00	
Clinton County Health Department	County Food Permit							\$100.00	
Rounding								\$1.00	
									<u>\$50,499.31</u>
The following is a breakdown of Schedule XIX, Section C.									
RTW, Inc	Critical Support							\$1,230.00	
Anderson Consulting	Energy Consulting							\$1,880.00	
Hartford Mass Mo	Retirement Plan Admin							\$647.23	
IL Power Coalition	SNP Support							\$130.00	
OnSight	Payroll Software Support							\$1,743.40	
The Hartford	Insurance Coord							\$570.00	
Rounding								\$2.00	
									<u>\$6,103.63</u>
Schedule XIII, Section A.									
Cna's are responsible for their own training and testing.									
Schedule XI, Section D.									
Use	Make, Model and Year	Year Acquired	Cost	Current Book Depreciation	Straight Line Depreciation	Adjustments	Life in Years	Accumulated Depreciation	
79 Facility Use	01 Ford F150	2011	\$6,385.08	\$212.83	\$212.83		5	\$6,385.08	
80 Facility Use	2015 Ford E-350	2014	\$60,526.66	\$12,105.36	\$12,105.36		5	\$25,219.50	
81 Facility Use	2015 Dodge Caravan	2015	\$43,509.00	\$8,700.12	\$8,700.12		5	\$10,875.15	
				<u>\$110,412.34</u>	<u>\$21,018.31</u>	<u>\$21,018.31</u>	<u>\$0.00</u>		<u>\$42,479.73</u>

Clinton Manor Living Center, Inc.
01/01/16 thru 12/31/16
0033159

The following is a breakdown of the reclassifications:

1. Reclass \$554.35 from Support fees to maintenance supplies due to coding.

2. Reclass \$

3. Reclass \$

4. Reclass \$

5. Reclass \$

6. Reclass \$

7. Reclass \$

8. Reclass \$

9.

10

11

Clinton Manor Living Center, Inc.
01/01/16 thru 12/31/16
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	\$34,421.77	
Greer Management	Management	Southern Illinois Comm. Support Services.	0	\$34,421.77	
Advanced Options	Management	Southern Illinois Comm. Support Services.	0	\$68,843.55	
RDR Management	Management	Southern Illinois Comm. Support Services.	0	\$34,421.77	
David Reis	Owner	Southern Illinois Living Center, Inc.	25		\$10,250.00
Gail Greer	Owner	Southern Illinois Living Center, Inc.	12.5		\$5,125.00
Mike Greer	Owner	Southern Illinois Living Center, Inc.	12.5		\$5,125.00
Michael Brave	Owner	Southern Illinois Living Center, Inc.	25		\$10,250.00
Blain Richard	Owner	Southern Illinois Living Center, Inc.	25		\$10,250.00

Clinton Manor Living Center, Inc.
01/01/16 thru 12/31/16
0033159

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

Date	Seminar	Location/Materials	Attended	Attended	Attended	Attended	Registration	rfare/ Mila	Perdiem	Meals	Hotel	Taxi/Gas	Other	Total
4/4/2016	Medicar Training	Kaskaskia College	C Faulkner	P Combs	B santel	T. Minatee								
			K Griffith	P Cooley	L Tallie	K Rakers								
			W Jackson	J Demares	A Timbrook	B Himes								
			J Kenner	B Drummo	B Wasserzieh	N Meadows								
			L Lamb	S Ervay	T Willinams	R Weidler								
			C Leonard	C Foster	J Norris									
			B Loddeke	A Gill	K Osborn									
			T Lohman	K Griffith	Z Smith		\$395.00							\$395.00
6/10/2016	DSP Class Training	Springfield IL	Cristal Leonard					\$178.36		\$8.68	\$94.25			\$281.29
6/15/2016	ID/DD Symposius	Springfield IL	M. Brave				\$250.00							\$250.00
			C. Smith											
5/19/2016	HR Legal Updates	St. Louis, MO	S. Gershner				\$75.00							\$75.00
6/2/2016	DHS Training	Rend Lake, IL	M. Holtgrave					\$102.17						\$102.17
9/12/2016	IL Health Care	Peoria, IL	M. Holtgrave					\$191.52		\$54.34	\$487.87			\$733.73
9/12/2016	IL Health Care CANCELED!!!	Peoria, IL	M. Brave C. Smith	K. Taylor C. Leonard	N. Koller		\$795.00							\$795.00
9/26/2016	Institute on Public Policcy	New Baden, IL	D. Belva A. Jansen J. Jarrell	J. Lopresto L. Prunty T. Williams	T. Lohman L. Clemens K. Arentsen	N. Koller K. Taylor C. Leonard	\$675.00							\$675.00
10/27/2016	IL Health Care	Webinar	C. Smith				\$150.00							\$150.00
10/18-20/2016	IARF 2016 Educational Cd	Normal, IL	M. Brave	C. Smith	K. Taylor	C. Leona	\$2,151.80			\$813.78	\$2,520.51			\$5,486.09
			J. Lopresto	S. Gerstne	N. Koller									
11/1-2/2016	IL Nursing Home Admin.	Springfield, IL	M.Brave	D. Loomis			\$375.00			\$404.85	\$840.08	\$18.04		\$1,637.97
	Fall into Excellence		C. Smith											
11/8/2016	Coaching Supervision	Business Office	K. Taylor	C. Smith	G. Coney	B. Wasserieher				\$81.81				\$81.81
			K. Arentsen	D. Loomis	M. Brave									
			N. Koller	M. Jackson	J. Lopresto									
2/15/2017	HR Law Update	Troy, IL	S. Gerstner				\$249.00							\$249.00
1/24/2017	The Arc	Alsip, IL	k. Taylor				\$380.00							\$380.00
			K. Arnston											
Totals														<u>\$11,292.06</u>

Clinton Manor Living Center, Inc.
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The following is a breakdown of Schedule V Line 23 Column 3

Date	Training	Instructor	Purchased	Purchased By	Place	Total
2/16/2016	CPR	K Green	CPR Certification Cards			82.00
3/18/2016	CPR	K Green	Manuals & Cert. Cards			233.45
3/16/2016	PHI Coaching	PHI	Webinar			297.00
4/16/2016	Coaching		Office Supplies	S Gerstner	Dollar General	6.38
4/16/2016	Medcare		Food	M Holtgrave	Market Center	31.46
4/7/2016	Annual	S Gerstner	Breakfast	S Gerstner	Walmart	66.23
5/19/2016	Mission	S Gerstner	Snacks	S Gerstner	Sams	109.19
5/16/2016	Food Safety	G Coney	Food Handler Course	G Coney	HACCP	44.75
5/23/2016	T.Pomeranz	T. Pomeranz	Breakfast	S Gerstner	Schuettes Mkt.	25.67
5/24/2016	T.Pomeranz	T. Pomeranz	Lunch	S Gerstner	Schuettes Mkt.	472.96
5/27/2016	CPR	K Green	Manuals			25.70
6/1/2016	Final Rule		Webinar	S Gerstner		59.00
6/10/2016	IL Pioneer Coalition		Webinar	C. Smith		75.00
6/13/2016	Coaching	S Gerstner	Candy	S Gerstner	Dollar General	13.17
7/18/2016	CPR	K Green	Manuals			235.41
8/8/2016	CPR	K Green	Manuals			188.55
9/29/2016	Sanitation Cert.	Tap Series	Sanitation Cert.	C. Smith	Online	17.90
10/19/2016	Q Training		Books	S. Gerstner	online	33.53
9/29/2016	Overtime Exemption		Training Class	S. Gerstner	Online	129.38
9/30/2016	CPR	K Green	Manuals & Cert. Cards			231.45
12/1/2016	CPR	K Green	Manuals & Cert. Cards			188.55
7/12/2016	MD's & UBOY's		Manuals	M Holtgrave		351.58
9/21/2016	Annual Training		Supplies	S. Gerstner	Dollar General	18.78
9/6/2016	New MDS		Webinar	D. Loomis	Online	39.00
5/12/2016	Education Expense	SIU		D. Huelskamp		180.00
5/12/2016	Education Expense	SIU		D. Huelskamp		65.00
6/9/2016	T.Pomeranz	Tom Pomeranz	Person centered care	Direct care staff		3,287.39
				Totals		<u>6,508.48</u>

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Name of Lender	Related**		Purpose of Loan	Payment Required	Date of Note	Amount of Note		Maturity Date	Rate (4 Digits)	Interest Expense
	YES	NO				Original	Balance			
A. Directly Facility Related										
Long-Term										
First County Bank		X	2015 Bus	\$955.00	10/31/2014	\$54,492.00	\$32,454.19	11/1/2019	2.0000%	\$750.15
Crysler Capital		X	2015 Dodge Caravan	\$604.18	11/12/2015	\$43,500.00	\$35,042.08	10/12/2021	0.0000%	\$0.00
						\$97,992.00	\$67,496.27			\$750.15
Working Capital										
First National Bank		X	Cash Flow	\$1,090.94	11/13/2013	150,000.00	125,617.00	11/13/2016	3.7500%	\$4,868.53
First National Bank		X	Cash Flow	\$3,713.69	7/21/2014	500,000.00	400,594.11	7/21/2017	4.0000%	\$16,660.79
						\$650,000.00	\$526,211.11			\$21,529.32

Advanced	GMS	RDR	DAR	
6032.91	3016.45	3016.45	3016.45	1
5651.48	2825.74	2825.74	2825.74	2
5874.78	2937.39	2937.39	2937.39	3
5470.9	2735.45	2735.45	2735.45	4
5809.5	2904.75	2904.75	2904.75	5
5619.73	2809.87	2809.87	2809.87	6
5849.25	2924.62	2924.62	2924.62	7
5901.16	2950.58	2950.58	2950.58	8
6023.2	3011.6	3011.6	3011.6	9
5755.32	2877.66	2877.66	2877.66	10
5975.32	2987.66	2987.66	2987.66	11
4880	2440	2440	2440	12

68843.55 34421.77 34421.77 34421.77

Account 94000

	wdm	google	timetrak	ability	Benefit	
1	\$1,752.80	\$120.83	\$557.20	\$350.00	\$1,037.00	
2	\$2,013.96	\$120.83	\$520.80	\$390.00	\$417.00	
3	\$3,702.12	\$120.83	\$534.80		\$417.00	
4	\$1,387.76	\$120.83	\$529.20		\$417.00	
5	\$4,392.00	\$132.83	\$526.40		\$644.50	
6	\$1,393.72	\$120.83	\$523.60		\$417.00	
7	\$1,427.96	\$120.83	\$515.20		\$417.00	
8	\$1,398.00	\$120.83	\$526.40		\$417.00	
9	\$1,403.64	\$120.83	\$526.40		\$417.00	
10	\$1,692.72	\$120.83	\$526.40		\$417.00	
11	\$1,413.24	\$120.83	\$532.00		\$417.00	
12	\$1,587.01	\$120.83	\$543.20		\$1,037.00	
	\$23,554.95	\$1,461.96	\$6,361.60	\$740.00	\$6,471.50	\$38,590.01

Account 91010

	OnShift	Anderson RTWIN	The Hartf Mass Mutui	IL Coal	Ability	
1	\$748.68	\$150.00	\$202.50	\$270.00	\$162.23	\$150.00 \$98.00
2	\$748.68	\$150.00	\$112.50	\$300.00	\$242.50	
3	\$748.68	\$150.00	\$112.50		\$242.50	
4	\$748.68	\$150.00	\$90.00			
5	\$748.68	\$150.00	\$142.50			
6		\$150.00	\$127.50			
7		\$150.00	\$157.50			
8		\$150.00	\$82.50			
9		\$150.00	\$105.00			
10		\$150.00	\$15.00			
11		\$150.00	\$82.50			
12		\$150.00				
	\$3,743.40	\$1,800.00	\$1,230.00	\$570.00	\$647.23	\$150.00 \$98.00 \$8,238.63

Account 88400

	IHCAP	Therap	IARF	Amazon P Sams	Misc Subscrip	ILLLI	AANAC	SHRM MEMB	
1	\$36.00	\$336.48	\$453.34	\$99.00	\$730.00	\$144.30	\$450.00	\$119.00	\$175.00
2		\$339.02	\$453.34			\$27.00	\$469.50		\$100.00
3		\$339.02	\$453.34			\$144.30	\$469.50		
4		\$339.02	\$453.34				\$469.50		
5		\$339.02	\$453.34				\$469.50		
6		\$339.02	\$453.34				\$469.50		
7		\$339.02	\$453.34						
8		\$339.02	\$453.34						
9		\$339.02	\$453.34						
10		\$339.02	\$453.34						
11		\$339.02	\$453.34						
12		\$339.02	\$453.26						
		\$2.54	\$15,000.00						
	\$36.00	\$4,068.24	\$20,440.00	\$99.00	\$730.00	\$315.60	\$2,797.50	\$119.00	\$275.00 \$28,880.34

Account 89700

	ILFIR	LICENSE	Village of New Baden	IL Sec of State	Clinton County Health	Dietary CMS Cert	Mngr Cert	
1	\$210.00	\$165.83	\$25.00	\$38.00	\$150.00	\$554.00	\$155.00	
2		\$165.83		\$103.37				
3		\$165.83		\$100.00				
4		\$165.83		\$103.37				
5		\$165.83		\$161.71				
6		\$165.83		\$283.51				
7		\$165.83						
8		\$165.83						
9		\$165.83						
10		\$165.83						
11		\$165.83						
12		\$165.83						
	\$210.00	\$1,989.96	\$25.00	\$789.96	\$150.00	\$554.00	\$155.00	\$3,873.92

Account 89800

	Direct SigmaCare Supply Maint	Software	
1	\$651.53	\$97.00	
2	\$880.38	\$97.00	
3	\$880.38	\$97.00	
4	\$651.53	\$97.00	
5	\$880.38	\$97.00	
6	\$651.53	\$97.00	
7	\$651.53	\$97.00	
8	\$880.38	\$97.00	
9	\$880.38	\$97.00	
10	\$651.53	\$97.00	
11	\$651.53	\$97.00	
12	\$880.38	\$239.05	
13	\$651.53	\$315.30	
14	\$880.38	\$97.00	
15	\$651.53	\$97.00	
16	\$880.38		
17	\$880.38		
18	\$651.53		
19	\$651.53		
20	\$880.38		
21	\$651.53		
22	\$880.38		
23	\$651.53		
24	\$880.38		
	\$59.31		
	\$59.31		
	\$18,501.54	\$1,815.35	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$20,316.89