

		FOR BHF USE					

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

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

<p>I. IDPH License ID Number: <u>0042838</u></p> <p>Facility Name: <u>Cedar Ridge Hlth & Rehab Center</u></p> <p>Address: <u>One Perryman Street</u> <u>Lebanon</u> <u>62254</u> Number City Zip Code</p> <p>County: <u>St. Clair</u></p> <p>Telephone Number: <u>618-537-6165</u> Fax # <u>618-537-4021</u></p> <p>HFS ID Number: _____</p> <p>Date of Initial License for Current Owners: <u>1/1/1994</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td style="width:33%"><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td style="width:33%"><input checked="" type="checkbox"/> PROPRIETARY</td> <td style="width:33%"><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input checked="" type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Carol Sparks</u> Telephone Number: <u>949-349-1222</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.			<input type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/17</u> to <u>12/31/17</u> and certify to the best of my knowledge and belief that the said content are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment</p> <table border="1" style="width:100%"> <tr> <td style="width:20%; vertical-align: top;">Officer or Administrator of Provider</td> <td>(Signed) _____ _____ (Type or Print Name) (Title)</td> </tr> <tr> <td style="vertical-align: top;">Paid Preparer</td> <td>(Signed) _____ _____ (Print Name and Title) (Firm Name & Address) (Telephone)</td> </tr> </table> <p align="right"> 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 </p>	Officer or Administrator of Provider	(Signed) _____ _____ (Type or Print Name) (Title)	Paid Preparer	(Signed) _____ _____ (Print Name and Title) (Firm Name & Address) (Telephone)
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																											
<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State																											
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	<input type="checkbox"/> Other _____																												
Officer or Administrator of Provider	(Signed) _____ _____ (Type or Print Name) (Title)																												
Paid Preparer	(Signed) _____ _____ (Print Name and Title) (Firm Name & Address) (Telephone)																												

Facility Name & ID Number Cedar Ridge Hlth & Rehab Center

0042838 Report Period Beginning: 01/01/17 Ending: 12/31/17

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

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	116.00	Skilled (SNF)	116	42,340
2		Skilled Pediatric (SNF/PED)		
3		Intermediate (ICF)		
4		Intermediate/DD		
5		Sheltered Care (SC)		
6		ICF/DD 16 or Less		
7	116	TOTALS	116	42,340

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	24,427	7,211	7,452	39,090	8
9 SNF/PED					9
10 ICF					10
11 ICF/DD					11
12 SC					12
13 DD 16 OR LESS					13
14 TOTALS	24,427	7,211	7,452	39,090	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 92.32%

D. How many bed reserve days during this year were paid by the Department? None (Do not include bed reserve days in Section B.)

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

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 1/1/1994

J. Was the facility purchased or leased after January 1, 1978?
YES Date 4/1/1997 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 116 and days of care provided 4,172

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number Cedar Ridge Hlth & Rehab Center # 0042838 Report Period Beginning: 01/01/17 Ending: 12/31/17

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 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	232,094	24,546	22,896	279,536		279,536		279,536		1
2	Food Purchase		196,310		196,310		196,310		196,310		2
3	Housekeeping	125,089	20,477	7,010	152,576		152,576		152,576		3
4	Laundry	54,149	9,975	25	64,149		64,149		64,149		4
5	Heat and Other Utilities			133,699	133,699		133,699		133,699		5
6	Maintenance	80,834	66,444	47,466	194,744		194,744		194,744		6
7	Other (specify):* Trash & Refuse			5,019	5,019		5,019		5,019		7
8	TOTAL General Services	492,166	317,752	216,115	1,026,033		1,026,033		1,026,033		8
B. Health Care and Programs											
9	Medical Director			12,100	12,100		12,100		12,100		9
10	Nursing and Medical Records	2,437,617	141,826	19,169	2,598,612		2,598,612		2,598,612		10
10a	Therapy			822,948	822,948		822,948	(31,189)	791,759		10a
11	Activities	67,026	7,386	9,456	83,868		83,868		83,868		11
12	Social Services	156,107		1,890	157,997		157,997		157,997		12
13	CNA Training										13
14	Program Transportation			21,580	21,580		21,580		21,580		14
15	Other (specify):*							37,606	37,606		15
16	TOTAL Health Care and Programs	2,660,750	149,212	887,143	3,697,105		3,697,105	6,417	3,703,522		16
C. General Administration											
17	Administrative	137,053		437,333	574,386		574,386	(35,627)	538,759		17
18	Directors Fees										18
19	Professional Services			93,394	93,394		93,394	(16,321)	77,073		19
20	Dues, Fees, Subscriptions & Promotions			22,440	22,440		22,440	(2,228)	20,212		20
21	Clerical & General Office Expenses	188,328	105,890	211,232	505,450		505,450	(188,562)	316,888		21
22	Employee Benefits & Payroll Taxes			697,100	697,100		697,100	(9,206)	687,894		22
23	Inservice Training & Education										23
24	Travel and Seminar			481	481		481		481		24
25	Other Admin. Staff Transportation			300	300		300		300		25
26	Insurance-Prop.Liab.Malpractice			250,339	250,339		250,339		250,339		26
27	Other (specify):* Marketing & Adv	47,248		25,555	72,803		72,803	(72,803)			27
28	TOTAL General Administration	372,629	105,890	1,738,174	2,216,693		2,216,693	(324,747)	1,891,946		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,525,545	572,854	2,841,432	6,939,831		6,939,831	(318,330)	6,621,501		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			58,897	58,897		58,897	37,915	96,812			30
31	Amortization of Pre-Op. & Org.											31
32	Interest											32
33	Real Estate Taxes			88,033	88,033		88,033	(3,724)	84,309			33
34	Rent-Facility & Grounds			530,458	530,458		530,458		530,458			34
35	Rent-Equipment & Vehicles			90,871	90,871		90,871		90,871			35
36	Other (specify):* Business Taxes			428	428		428	(428)				36
37	TOTAL Ownership			768,687	768,687		768,687	33,763	802,450			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportator											38
39	Ancillary Service Centers	52,193	22,483	290,944	365,620		365,620		365,620			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			275,335	275,335		275,335		275,335			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	52,193	22,483	566,279	640,955		640,955		640,955			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,577,738	595,337	4,176,398	8,349,473		8,349,473	(284,567)	8,064,906			45

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

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals		2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(2,126)	32		10
11	Discounts, Allowances, Rebates & Refunds		21		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainer				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(164,857)	21		24
25	Fund Raising, Advertising and Promotional	(72,353)	27		25
	Income Taxes and Illinois Persona				
26	Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(56,062)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (295,398)		\$	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	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
	Amortization of Organization & Pre-Operating Expense			
33				33
	Adjustments for Related Organization			
34	Costs (Schedule VII)	42,020	VII-B	34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 42,020		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (253,378)		37

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

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

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

Cedar Ridge Hlth & Rehab Center

ID# 0042838

Report Period Beginning: 01/01/17

Ending: 12/31/17

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Independent Living	\$ 0	43	1
2	Non-Allowable Benefits (Marketing & ILU)	(9,206)	22	2
3	Bank Charges	(17,021)	21	3
4	Business Taxes	(428)	36	4
5	Theft and Loss	(76)	21	5
6	Prior Year Expense	(6,608)	21	6
7	Nonallowable PAC Dues	(2,228)	20	7
8	Real Estate Taxes	(3,724)	33	8
9	Nonallowable Legal Fees	(16,321)	19	9
10	Contributions	(450)	27	10
11		0		11
12		0		12
13		0		13
14		0		14
15		0		15
16		0		16
17		0		17
18		0		18
19		0		19
20		0		20
21		0		21
22		0		22
23		0		23
24		0		24
25		0		25
26		0		26
27		0		27
28		0		28
29		0		29
30		0		30
31		0		31
32		0		32
33		0		33
34		0		34
35		0		35
36		0		36
37		0		37
38		0		38
39		0		39
40		0		40
41		0		41
42		0		42
43		0		43
44		0		44
45		0		45
46		0		46
47		0		47
48		0		48
49	Total	(56,062)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Cedar Ridge Hlth & Rehab Center

0042838 Report Period Beginning:

01/01/17

Ending:

12/31/17

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	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):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	0	0	0	0	0	0	0	0	0	0	0	0	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	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	37,606	0	0	0	0	0	0	0	37,606	15
16	TOTAL Health Care and Programs	0	0	0	37,606	0	0	0	0	0	0	0	37,606	16
	C. General Administration													
17	Administrative	0	0	0	(35,627)	0	0	0	0	0	0	0	(35,627)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(16,321)	0	0	0	0	0	0	0	0	0	0	(16,321)	19
20	Fees, Subscriptions & Promotions	(2,228)	0	0	0	0	0	0	0	0	0	0	(2,228)	20
21	Clerical & General Office Expenses	(188,562)	0	0	0	0	0	0	0	0	0	0	(188,562)	21
22	Employee Benefits & Payroll Taxes	(9,206)	0	0	0	0	0	0	0	0	0	0	(9,206)	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):*	(72,803)	0	0	0	0	0	0	0	0	0	0	(72,803)	27
28	TOTAL General Administration	(289,120)	0	0	(35,627)	0	0	0	0	0	0	0	(324,747)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(289,120)	0	0	1,979	0	0	0	0	0	0	0	(287,141)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Cedar Ridge Hlth & Rehab Center

0042838

Report Period Beginning:

01/01/17 Ending:

12/31/17

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

	Capital Expense	PAGES 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)	
	D. Ownership													
30	Depreciation	0	0	0	37,915	0	0	0	0	0	0	0	37,915	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(2,126)	0	0	2,126	0	0	0	0	0	0	0	0	32
33	Real Estate Taxes	(3,724)	0	0	0	0	0	0	0	0	0	0	(3,724)	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):* Business Tax	(428)	0	0	0	0	0	0	0	0	0	0	(428)	36
37	TOTAL Ownership	(6,278)	0	0	40,041	0	0	0	0	0	0	0	33,763	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	(31,189)	0	0	0	0	0	0	0	0	(31,189)	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):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	(31,189)	0	0	0	0	0	0	0	0	(31,189)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(295,398)	0	(31,189)	42,020	0	0	0	0	0	0	0	(284,567)	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
See Page 6-Supplemental		See Page 6-Supplemental		See Page 6-Supplemental		

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: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V		\$			\$	\$	1
2	V							2
3	V							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		\$			\$	\$ *	14

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. 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)
15	V	39 Physical Therapy	\$ 396,339	Affirma Rehabilitation	100.00%	\$ 381,318	\$ (15,021)
16	V	39 Occupational Therapy	267,895	Affirma Rehabilitation	100.00%	257,742	(10,153)
17	V	39 Speech Therapy	158,715	Affirma Rehabilitation	100.00%	152,700	(6,015)
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 822,949			\$ 791,760	\$ * (31,189)

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. 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)
15	V	17 Indirect Care	\$	Covenant Care California, LLC	100.00%	\$ 401,706	\$ 401,706
16	V	15 Direct Care		Covenant Care California, LLC	100.00%	37,606	37,606
17	V	32 Capital - Interest		Covenant Care California, LLC	100.00%	2,126	2,126
18	V	30 Capital - Depreciation		Covenant Care California, LLC	100.00%	37,915	37,915
19	V	17 Management Fees	437,333	Covenant Care California, LLC	100.00%		(437,333)
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 437,333			\$ 479,353	\$ * 42,020

* 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	COVENANT CARE CALIFORNIA, LLC	100.00%	ARBOR NURSING CENTER	CALIFORNIA	COVENANT CARE CALIS	CALISO VIEJO, CA	MANAGEMENT C	1
2			ARBOR PLACE	CALIFORNIA	AFFIRMA REHABIL	ALISO VIEJO, CA	THERAPY	2
3			BUENA VISTA CARE CENTER, A NURSING	CALIFORNIA				3
4			CARSON NURSING & REHAB CENTER	NEVADA				4
5			CATERED MANOR	CALIFORNIA				5
6			CLINTON HOUSE HEALTH & REHABILITA	INDIANA				6
7			COURTYARD HEALTHCARE CENTER	CALIFORNIA				7
8			COVENANT CARE HILLTOP, LLC D/B/A HI	CHARLESTON				8
9			COVENANT CARE JACKSONVILLE, LLC D/	JACKSONVILLE				9
10			COVENANT CARE MEADOW MANOR, LLC	TAYLORVILLE				10
11			COVENANT CARE MIDWEST, INC. D/B/A C	ILEBANON				11
12			COVENANT CARE SUNRISE, LLC D/B/A SU	VIRDEN				12
13			COVINGTON MANOR	INDIANA				13
14			DOWNEY CARE	CALIFORNIA				14
15			EAGLE POINT NURSING & REHAB CENTE	IOWA				15
16			EDGEWOOD MANOR NURSING CENTER	OHIO				16
17			EMERALD GARDENS NURSING CENTER	CALIFORNIA				17
18			ENCINITAS NURSING AND REHABILITATI	CALIFORNIA				18
19			ENNOBLE SKILLED NURSING & REHAB	CHOWA				19
20			FAIRVIEW MANOR NURSING CENTER	OHIO				20
21			FRIENDSHIP HOME	CARLINVILLE, IL				21
22			GILROY HEALTHCARE & REHABILITATIC	CALIFORNIA				22
23			GRANT CUESTA NURSING & REHABILITA	CALIFORNIA				23
24			HIGHLAND HEALTH CARE CENTER	ILLINOIS				24
25			HUNTINGTON PARK NURSING CENTER	CALIFORNIA				25
26			LA JOLLA NURSING AND REHABILITATIO	CALIFORNIA				26
27			LAKELAND NURSING CENTER	INDIANA				27
28			LOS ALTOS SUB-ACUTE & REHABILITATIO	CALIFORNIA				28
29			MISSION SKILLED NURSING & SUBACUTE	CALIFORNIA				29
30			NEBRASKA SKILLED NURSING CENTER	NEBRASKA				30

Facility Name & ID Number

Cedar Ridge Hlth & Rehab Center

0042838

Report Period Beginning:

01/01/17

Ending:

12/31/17

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1			NORWOOD NURSING CENTER	INDIANA				1
2			PACIFIC COAST MANOR	CALIFORNIA				2
3			PACIFIC GARDENS NURSING & REHABIL	CALIFORNIA				3
4			PACIFIC HILLS MANOR	CALIFORNIA				4
5			PALO ALTO NURSING CENTER	CALIFORNIA				5
6			ROYAL CARE SKILLED NURSING CENTER	CALIFORNIA				6
7			SHORELINE CARE CENTER	CALIFORNIA				7
8			SILVER HILLS HEALTH CARE CENTER	NEVADA				8
9			SILVER RIDGE HEALTHCARE CENTER	NEVADA				9
10			ST. EDNA SUBACUTE & REHABILITATION	CALIFORNIA				10
11			THE RESIDENCE AT MCCORMICK'S CREE	INDIANA				11
12			TURLOCK NURSING AND REHABILITATIO	CALIFORNIA				12
13			TURLOCK RESIDENTIAL	CALIFORNIA				13
14			UNIVERSITY PARK NURSING CENTER	INDIANA				14
15			VALLE VISTA CONVALESCENT CENTER	CALIFORNIA				15
16			VERSAILLES HEALTH CARE CENTER	OHIO				16
17			VILLA GEORGETOWN	OHIO				17
18			VILLA SPRINGFIELD	OHIO				18
19			VINTAGE FAIRE NURSING & REHABILITA	CALIFORNIA				19
20			VINTAGE FAIRE RESIDENTIAL	CALIFORNIA				20
21			WAGNER HEIGHTS NURSING & REHABILI	CALIFORNIA				21
22			WAGNER HEIGHTS RESIDENTIAL	CALIFORNIA				22
23			WALDRON HEALTH AND REHAB CENTER	INDIANA				23
24			WILLOW TREE NURSING & REHABILITAT	CALIFORNIA				24
25			WRIGHT NURSING & REHAB CENTER (VII	OHIO				25
26			MARION REHAB AND ASSISTED LIVING	INDIANA				26
27			PYRAMID POINT POST ACUTE REHABILIT	INDIANA				27
28								28
29								29
30								30

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									\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13								TOTAL	\$	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 Cedar Ridge Hlth & Rehab Center # 0042838 Report Period Beginning: 01/01/17 Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

Facility Name & ID Number Cedar Ridge Hlth & Rehab Center # 0042838 Report Period Beginning: 01/01/17 Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization Affirma Rehabilitation
 Street Address 27071 Aliso Creek Road
 City / State / Zip Code Aliso Viejo, CA 92656
 Phone Number (888)468-4372
 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	39	Physical Therapy	Direct Allocation		\$	\$		\$ 396,339	1
2	39	Occupational Therapy	Direct Allocation					267,895	2
3	39	Speech Therapy	Direct Allocation					158,715	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				\$	\$		\$ 822,949	25

Facility Name & ID Number Cedar Ridge Hlth & Rehab Center

0042838 Report Period Beginning: 01/01/17

Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization Covenant Care California, LLC
 Street Address 27071 Aliso Creek Road
 City / State / Zip Code Aliso Viejo, CA 92656
 Phone Number (949)349-1200
 Fax Number (949)349-1900

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	17	Indirect Care	Accumulated Cost		\$	\$		\$ 401,706	1
2	15	Direct Care	Accumulated Cost					37,606	2
3	32	Capital - Interest	Accumulated Cost					2,126	3
4	30	Capital - Depreciation	Accumulated Cost					37,915	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				\$	\$		\$ 479,353	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	Name of Lender	2 Related**		3 Purpose of Loan	4 Monthly Payment Required	5 Date of Note	6 Amount of Note		8 Maturity Date	9 Interest Rate (4 Digits)	10 Reporting Period Interest Expense
		YES	NO				Original	Balance			
A. Directly Facility Related											
Long-Term											
1							\$	\$			\$
2											
3											
4											
5											
Working Capital											
6	Alloc from Covenant Care Calif	X									2,126
7											
8											
9	TOTAL Facility Related						\$	\$			\$ 2,126
B. Non-Facility Related*											
10	Interest Income		X								(2,126)
11											
12											
13											
14	TOTAL Non-Facility Related						\$	\$			\$ (2,126)
15	TOTALS (line 9+line14)						\$	\$			\$

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ None Line # N/A

* 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

1. Real Estate Tax accrual used on 2016 report.		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.		\$	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.)		\$	91,758		2
3. Under or (over) accrual (line 2 minus line 1).		\$	91,758		3
4. Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)		\$			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		\$	91,758		7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2012	74,859	8	FOR BHF USE ONLY	
	2013	80,154	9	13	FROM R. E. TAX STATEMENT FOR 2016 \$ 13
	2014	83,408	10	14	PLUS APPEAL COST FROM LINE 5 \$ 14
	2015	88,162	11	15	LESS REFUND FROM LINE 6 \$ 15
	2016	91,758	12	16	AMOUNT TO USE FOR RATE CALCULATION\$ 16
Facility does not accrue real estate tax					

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

2016 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Cedar Ridge Hlth & Rehab Center COUNTY St. Clair
 FACILITY IDPH LICENSE NUMBER 0042838
 CONTACT PERSON REGARDING THIS REPORT Carol Sparks
 TELEPHONE (949) 349-1222 FAX #: (949) 349-1122

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2016 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2016.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>04-240-407-005</u>	<u>Long Term Care Property</u>	\$ <u>91,757.52</u>	\$ <u>91,757.52</u>
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>91,757.52</u></u>	\$ <u><u>91,757.52</u></u>

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

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

PLEASE NOTE: *Payment information from the Internet* or otherwise is *not considered acceptable tax bill documentation* . Facilities located in Cook County are required to provide copies of their original **second installment tax bill.**

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 20,852 B. General Construction Type: Exterior Brick Frame Wood 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.

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

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.)

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO

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.

Table with 5 columns: Use, Square Feet, Year Acquired, Cost, and a numbered column (1-3). Row 1: Land, 1, 2, 3, 4, 1. Row 2: 2, 2. Row 3: 3, TOTALS, 3.

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various		1993		1,680		20				9
10	Various		1997		11,984		20				10
11	Various		1998		9,288		20				11
12	Various		1999		18,742		20				12
13	Various		2000		65,946		20				13
14	Various		2001		33,367		20				14
15	Various		2002		7,958		20				15
16	Various		2003		55,604		20				16
17	Various		2004		19,577		20				17
18	Various		2005		9,568		20				18
19	Various		2006		78,307		20				19
20	Various		2007		23,317		20				20
21	Various		2008		156,305		20				21
22	Various		2009		53,739		20				22
23	Various		2010		65,386		20				23
24	Various		2011		21,293		20				24
25	Various		2012		38,807		20				25
26	Various		2013		70,918		20				26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

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

See Page 12A, Line 70 for total

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

XI. OWNERSHIP COSTS (continued)

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

1	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		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								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	Related Building Company (Pages 12F & 12G)							67
68	Related Party Allocations (Pages 12H & 12I)					37,915	37,915	68
69	Financial Statement Depreciation		97,596					69
70	TOTAL (lines 4 thru 69)		\$ 839,382	\$		\$ 37,915	\$ 37,915	\$ 759,862 70

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12A, Carried Forward	\$ 839,382	\$		\$ 37,915	\$ 37,915	\$ 759,862		1
2	Rebuilt Backflow Device	3,891		20	195	195	779		2
3	5 Ton Ac Unit	2,850		20	143	143	571		3
4	Fire Alarm System & Control Panel	9,520		20	476	476	1,904		4
5	51 Light Fixtures-Lighting, All Corridors	12,980		20	649	649	2,596		5
6	Corridor Flooring Materials	43,278		20	2,164	2,164	8,656		6
7	Corridors - Demolition/New Flooring/Drvwall	103,434		20	5,172	5,172	15,515		7
8	Door Alarm System	18,615		20	931	931	2,793		8
9	Repair Fire Sprinkler For Shed	9,721		20	486	486	972		9
10	1 Wardrobe, 1 Bedside Cabinet	721		5	120	120	120		10
11	1 Wardrobe, 1 Bedside Cabinet	721		5	120	120	120		11
12	4 Bedside Cabinets	721		5	53	53	53		12
13	Gas Furnace Replacement	5,325		10	399	399	399		13
14	Garbage Disposal	1,122		7	53	53	53		14
15	Replace 35 Smoke Detectors	6,024		7	215	215	215		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)	\$ 1,058,304	\$		\$ 49,091	\$ 49,091	\$ 794,609		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	\$ 63,387	\$	\$ 45,751	\$ 45,751	10	\$ 572,807	71
72	Current Year Purchases	16,535		399	399	10	399	72
73	Fully Depreciated Assets	531,155				10		73
74								74
75	TOTALS	\$ 611,076	\$	\$ 46,150	\$ 46,150		\$ 573,206	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		1999 Chevy Passenger Van	1999	\$ 35,966	\$	\$	\$	5	\$ 35,966	76
77		2005 Ford Van	2010	15,000				5	15,000	77
78		2012 Goshen Bus	2016	10,995		1,571	1,571	5	52,667	78
79										79
80	TOTALS			\$ 61,961	\$	\$ 1,571	\$ 1,571		\$ 103,633	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)	\$ 1,731,341	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 96,812	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 96,812	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,471,448	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.

Facility Name & ID Number Cedar Ridge Hlth & Rehab Center

0042838

Report Period Beginning: 01/01/17

Ending: 12/31/17

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Wentz Health Care

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:	1986	116		\$ 530,458			3
4	Additions							4
5								5
6								6
7	TOTAL		116		\$ 530,458			7

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12.	<u>/2018</u>	\$ _____
13.	<u>/2019</u>	\$ _____
14.	<u>/2020</u>	\$ _____

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: \$ 90,871 Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

Page 14 Supplemental - Equipment Rental Detail

Company	Locn	Dept	Account	Journal_Description	Amount	Month	Year	JournalNumber	ApplyDate
CCMIDWST	030	6110	60000620	Acc 10/17 ISV Joerns-0095127553-01	155	10	2017	JRNL00189880	10/31/17
CCMIDWST	030	6110	60000620	Acc 10/17 ISV Joerns-0095127553-01	-155	11	2017	JRNL00190508	11/30/17
CCMIDWST	030	6110	60000620	Acc 11/17 ISV Joerns-0095160070-01	150	11	2017	JRNL00190618	11/30/17
CCMIDWST	030	6110	60000620	Acc 11/17 ISV Joerns-0095160070-01	-150	12	2017	JRNL00191309	12/31/17
CCMIDWST	030	6110	60000620	Acc 12/17 ISV Joerns-0095194755-01	155	12	2017	JRNL00191486	12/31/17
CCMIDWST	030	6110	60000620	Acc ISV-Joerns 9/17 Inv95092954	150	9	2017	JRNL00188959	09/30/17
CCMIDWST	030	6110	60000620	Acc ISV-Joerns 9/17 Inv95092954	-150	10	2017	JRNL00189609	10/31/17
CCMIDWST	030	6110	60000620	ADVACARE SYSTEMS - 030	425	2	2017	JRNL00182750	02/28/17
CCMIDWST	030	6110	60000620	ADVACARE SYSTEMS - 030	308	3	2017	JRNL00183604	03/30/17
CCMIDWST	030	6110	60000620	ADVACARE SYSTEMS - 030	775	11	2017	JRNL00190394	11/17/17
CCMIDWST	030	6110	60000620	ADVACARE SYSTEMS - 030	750	11	2017	JRNL00190931	11/30/17
CCMIDWST	030	6110	60000620	CONTEMPORARY LIFE SAVING TRAINING - 030	540.52	3	2017	JRNL00182843	03/06/17
CCMIDWST	030	6110	60000620	GAMMA HEALTHCARE - 030	5	5	2017	JRNL00185589	05/31/17
CCMIDWST	030	6110	60000620	GAMMA HEALTHCARE - 030	5	8	2017	JRNL00188206	08/31/17
CCMIDWST	030	6110	60000620	GAMMA HEALTHCARE - 030	5	9	2017	JRNL00188984	09/30/17
CCMIDWST	030	6110	60000620	GAMMA HEALTHCARE - 030	5	10	2017	JRNL00189885	10/31/17
CCMIDWST	030	6110	60000620	GAMMA HEALTHCARE - 030	5	12	2017	JRNL00191467	12/31/17
CCMIDWST	030	6110	60000620	INTEGRA HEALTHCARE EQUIPMENT - 030	728	3	2017	JRNL00183003	03/08/17
CCMIDWST	030	6110	60000620	INTEGRA HEALTHCARE EQUIPMENT - 030	806	4	2017	JRNL00183908	04/07/17
CCMIDWST	030	6110	60000620	INTEGRA HEALTHCARE EQUIPMENT - 030	746	4	2017	JRNL00184372	04/25/17
CCMIDWST	030	6110	60000620	INTEGRA HEALTHCARE EQUIPMENT - 030	624	5	2017	JRNL00184562	05/05/17
CCMIDWST	030	6110	60000620	INTEGRA HEALTHCARE EQUIPMENT - 030	542	5	2017	JRNL00185589	05/31/17
CCMIDWST	030	6110	60000620	INTEGRA HEALTHCARE EQUIPMENT - 030	420	6	2017	JRNL00186433	06/30/17
CCMIDWST	030	6110	60000620	INTEGRA HEALTHCARE EQUIPMENT - 030	10	8	2017	JRNL00187571	08/09/17
CCMIDWST	030	6110	60000620	INTEGRA HEALTHCARE EQUIPMENT - 030	600	8	2017	JRNL00187883	08/23/17
CCMIDWST	030	6110	60000620	INTEGRA HEALTHCARE EQUIPMENT - 030	900	10	2017	JRNL00189622	10/24/17
CCMIDWST	030	6110	60000620	INTEGRA HEALTHCARE EQUIPMENT - 030	756	10	2017	JRNL00190293	10/31/17
CCMIDWST	030	6110	60000620	INTEGRA HEALTHCARE EQUIPMENT - 030	930	12	2017	JRNL00191439	12/31/17
CCMIDWST	030	6110	60000620	INTEGRA HEALTHCARE EQUIPMENT - 030	744	12	2017	JRNL00191596	12/31/17
CCMIDWST	030	6110	60000620	IRON MOUNTAIN - 030	113.26	3	2017	JRNL00183903	03/31/17
CCMIDWST	030	6110	60000620	ISAVE - JOERNS - 099	150	10	2017	JRNL00189719	10/09/17
CCMIDWST	030	6110	60000620	ISAVE - JOERNS - 099	155	11	2017	JRNL00190361	11/06/17
CCMIDWST	030	6110	60000620	ISAVE - JOERNS - 099	150	12	2017	JRNL00191339	12/11/17
CCMIDWST	030	6110	60000620	JOERNS LLC - 030	167.18	3	2017	JRNL00183881	03/31/17

Page 14 Supplemental - Equipment Rental Detail

Company	Locn	Dept	Account	Journal_Description	Amount	Month	Year	JournalNumber	ApplyDate
CCMIDWST	030	6110	60000620	JOERNS LLC - 030	183.89	3	2017	JRNL00183881	03/31/17
CCMIDWST	030	6110	60000620	JOERNS LLC - 030	166.1	3	2017	JRNL00184244	03/31/17
CCMIDWST	030	6110	60000620	JOERNS LLC - 030	166.1	3	2017	JRNL00184244	03/31/17
CCMIDWST	030	6110	60000620	JOERNS LLC - 030	150.99	3	2017	JRNL00184244	03/31/17
CCMIDWST	030	6110	60000620	JOERNS LLC - 030	167.18	4	2017	JRNL00184372	04/25/17
CCMIDWST	030	6110	60000620	JOERNS LLC - 030	161.79	4	2017	JRNL00184999	04/30/17
CCMIDWST	030	6110	60000620	JOERNS LLC - 030	17.79	4	2017	JRNL00185046	04/30/17
CCMIDWST	030	6110	60000620	JOERNS LLC - 030	177.95	4	2017	JRNL00185046	04/30/17
CCMIDWST	030	6110	60000620	JOERNS LLC - 030	167.18	6	2017	JRNL00186433	06/30/17
CCMIDWST	030	6110	60000620	JOERNS LLC - 030	183.89	6	2017	JRNL00186433	06/30/17
CCMIDWST	030	6110	60000620	JOERNS LLC - 030	177.95	6	2017	JRNL00186492	06/30/17
CCMIDWST	030	6110	60000620	JOERNS LLC - 030	161.79	6	2017	JRNL00186492	06/30/17
CCMIDWST	030	6110	60000620	JOERNS LLC - 030	170.5	7	2017	JRNL00187208	07/31/17
CCMIDWST	030	6110	60000620	JOERNS LLC - 030	310	7	2017	JRNL00187208	07/31/17
CCMIDWST	030	6110	60000620	JOERNS LLC - 030	49.5	8	2017	JRNL00188199	08/31/17
CCMIDWST	030	6110	60000620	JOERNS LLC - 030	155	8	2017	JRNL00188199	08/31/17
CCMIDWST	030	6110	60000620	JOERNS LLC - 030	-177.95	12	2017	JRNL00192227	12/31/17
CCMIDWST	030	6110	60000620	JOERNS LLC - 030	177.95	12	2017	JRNL00192265	12/31/17
CCMIDWST	030	6200	60000620	ADVANTAGE SELF-STORAGE - 030	228	9	2017	JRNL00188769	09/26/17
CCMIDWST	030	6200	60000620	ADVANTAGE SELF-STORAGE - 030	228	12	2017	JRNL00191303	12/22/17
CCMIDWST	030	6200	60000620	O'FALLON CHAMBER (ROTARY WHEELS) - 030	185	10	2017	JRNL00189588	10/23/17
CCMIDWST	030	6200	60000620	PODS ENTERPRISES - 030	515.72	2	2017	JRNL00182699	02/28/17
CCMIDWST	030	6200	60000620	PODS ENTERPRISES - 030	185	4	2017	JRNL00184108	04/11/17
CCMIDWST	030	6200	60000620	PODS ENTERPRISES - 030	370	5	2017	JRNL00184822	05/09/17
CCMIDWST	030	6200	60000620	PODS ENTERPRISES - 030	-370	5	2017	JRNL00184825	05/09/17
CCMIDWST	030	6200	60000620	PODS ENTERPRISES - 030	185	5	2017	JRNL00184826	05/09/17
CCMIDWST	030	6200	60000620	PODS ENTERPRISES - 030	370	6	2017	JRNL00185853	06/12/17
CCMIDWST	030	6200	60000620	PODS ENTERPRISES - 030	185	7	2017	JRNL00186579	07/11/17
CCMIDWST	030	6200	60000620	PODS ENTERPRISES - 030	185	8	2017	JRNL00187486	08/09/17
CCMIDWST	030	6200	60000620	PODS ENTERPRISES - 030	185	9	2017	JRNL00188769	09/26/17
CCMIDWST	030	6200	60000620	PODS ENTERPRISES - 030	185	10	2017	JRNL00189588	10/23/17
CCMIDWST	030	6200	60000620	PODS ENTERPRISES - 030	185	11	2017	JRNL00190471	11/27/17
CCMIDWST	030	6200	60000620	PODS ENTERPRISES - 030	185	12	2017	JRNL00191327	12/26/17
CCMIDWST	030	6300	60000620	RON BERKBUEGLER - 030	66	10	2017	JRNL00189698	10/27/17

Page 14 Supplemental - Equipment Rental Detail

Company	Locn	Dept	Account	Journal_Description	Amount	Month	Year	JournalNumber	ApplyDate
CCMIDWST	030	6500	60000620	LOOMIS BROS. - 030	188.3	11	2017	JRNL00190014	11/07/17
CCMIDWST	030	6500	60000620	ECOLAB - 030	184.16	1	2017	JRNL00181224	01/09/17
CCMIDWST	030	6500	60000620	ECOLAB - 030	184.16	2	2017	JRNL00181984	02/06/17
CCMIDWST	030	6500	60000620	ECOLAB - 030	184.16	3	2017	JRNL00182961	03/08/17
CCMIDWST	030	6500	60000620	ECOLAB - 030	184.16	4	2017	JRNL00184108	04/11/17
CCMIDWST	030	6500	60000620	ECOLAB - 030	184.16	5	2017	JRNL00184822	05/09/17
CCMIDWST	030	6500	60000620	ECOLAB - 030	184.16	7	2017	JRNL00186579	07/11/17
CCMIDWST	030	6500	60000620	ECOLAB - 030	184.16	8	2017	JRNL00187425	08/08/17
CCMIDWST	030	6500	60000620	ECOLAB - 030	184.16	9	2017	JRNL00188169	09/06/17
CCMIDWST	030	6500	60000620	ECOLAB - 030	188.3	10	2017	JRNL00189320	10/11/17
CCMIDWST	030	6500	60000620	ECOLAB - 030	188.3	12	2017	JRNL00190932	12/11/17
CCMIDWST	030	6500	60000620	ECOLAB - 030	188.3	12	2017	JRNL00191203	12/19/17
CCMIDWST	030	6700	60000620	GRAND RENTAL STATION - 030	65	12	2017	JRNL00191250	12/20/17
CCMIDWST	030	6901	60000620	KONICA MINOLTA - 099	0	4	2017	JRNL00183616	04/03/17
CCMIDWST	030	6901	60000620	KONICA MINOLTA - 099	0	4	2017	JRNL00183616	04/03/17
CCMIDWST	030	6901	60000620	KONICA MINOLTA - 099	0	3	2017	JRNL00183271	03/14/17
CCMIDWST	030	6901	60000620	KONICA MINOLTA - 099	0	3	2017	JRNL00183271	03/14/17
CCMIDWST	030	6901	60000620	KONICA MINOLTA - 099	0	2	2017	JRNL00182176	02/11/17
CCMIDWST	030	6901	60000620	KONICA MINOLTA - 099	0	2	2017	JRNL00182176	02/11/17
CCMIDWST	030	6901	60000620	KONICA MINOLTA - 099	378.77	1	2017	JRNL00181607	01/18/17
CCMIDWST	030	6901	60000620	KONICA MINOLTA - 099	0	1	2017	JRNL00181607	01/18/17
CCMIDWST	030	6901	60000620	HORNER PARK DISTRICT - 030	500	8	2017	JRNL00187288	08/04/17
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	312.75	12	2017	JRNL00190486	12/01/17
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	59.18	12	2017	JRNL00190478	12/01/17
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	312.75	11	2017	JRNL00189918	11/04/17
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	59.18	11	2017	JRNL00189914	11/04/17
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	312.75	10	2017	JRNL00189091	10/07/17
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	59.18	10	2017	JRNL00189087	10/07/17
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	312.75	9	2017	JRNL00187916	09/01/17
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	59.18	9	2017	JRNL00187910	09/01/17
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	312.75	8	2017	JRNL00187035	08/01/17
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	59.18	8	2017	JRNL00187034	08/01/17
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	312.75	7	2017	JRNL00186071	07/01/17
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	59.18	7	2017	JRNL00186052	07/01/17

Page 14 Supplemental - Equipment Rental Detail

Company	Locn	Dept	Account	Journal_Description	Amount	Month	Year	JournalNumber	ApplyDate
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	312.75	6	2017	JRNL00185182	06/01/17
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	59.18	6	2017	JRNL00185177	06/01/17
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	312.75	5	2017	JRNL00184446	05/01/17
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	59.18	5	2017	JRNL00184441	05/01/17
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	312.75	4	2017	JRNL00183423	04/01/17
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	59.18	4	2017	JRNL00183417	04/01/17
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	312.75	3	2017	JRNL00182675	03/01/17
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	59.18	3	2017	JRNL00182570	03/01/17
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	312.75	1	2017	JRNL00182056	01/31/17
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	59.18	1	2017	JRNL00181936	01/31/17
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	312.75	2	2017	JRNL00181896	02/01/17
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	59.18	2	2017	JRNL00181892	02/01/17
CCMIDWST	030	6901	60000620	GRAND RENTAL STATION - 030	299	12	2017	JRNL00191092	12/14/17
CCMIDWST	030	6901	60000620	GRAND RENTAL STATION - 030	913	12	2017	JRNL00190541	12/01/17
CCMIDWST	030	6901	60000620	GRAND RENTAL STATION - 030	1320.5	10	2017	JRNL00189588	10/23/17
CCMIDWST	030	6901	60000620	GRAND RENTAL STATION - 030	656.26	10	2017	JRNL00188716	10/01/17
CCMIDWST	030	6901	60000620	GRAND RENTAL STATION - 030	103	9	2017	JRNL00188715	09/21/17
CCMIDWST	030	6901	60000620	ELITE EVENT SERVICES - 030	250	10	2017	JRNL00188716	10/01/17
CCMIDWST	030	8131	60000620	MEMORIAL HOSPITAL - 030	-116.91	7	2017	JRNL00187003	07/26/17
CCMIDWST	030	8131	60000620	MEMORIAL HOSPITAL - 030	116.91	7	2017	JRNL00186976	07/25/17
CCMIDWST	030	8131	60000620	LINCARE - 030	1640.46	12	2017	JRNL00191467	12/31/17
CCMIDWST	030	8131	60000620	LINCARE - 030	1924.19	11	2017	JRNL00190870	11/30/17
CCMIDWST	030	8131	60000620	LINCARE - 030	1135.32	10	2017	JRNL00189885	10/31/17
CCMIDWST	030	8131	60000620	LINCARE - 030	1238.52	9	2017	JRNL00188984	09/30/17
CCMIDWST	030	8131	60000620	LINCARE - 030	1325.45	8	2017	JRNL00188206	08/31/17
CCMIDWST	030	8131	60000620	LINCARE - 030	1399.51	7	2017	JRNL00187343	07/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	-148.29	12	2017	JRNL00192157	12/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	-166.1	12	2017	JRNL00192157	12/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	170.5	8	2017	JRNL00188199	08/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	126.5	8	2017	JRNL00188199	08/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	170.5	8	2017	JRNL00188199	08/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	159.5	8	2017	JRNL00188199	08/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	115.5	8	2017	JRNL00188199	08/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	378	8	2017	JRNL00188199	08/31/17

Page 14 Supplemental - Equipment Rental Detail

Company	Locn	Dept	Account	Journal_Description	Amount	Month	Year	JournalNumber	ApplyDate
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	104.5	7	2017	JRNL00187208	07/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	504	7	2017	JRNL00187208	07/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	170.5	7	2017	JRNL00187208	07/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	170.5	7	2017	JRNL00187208	07/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	170.5	7	2017	JRNL00187208	07/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	177.95	6	2017	JRNL00186791	06/30/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	45.84	6	2017	JRNL00186492	06/30/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	77.12	6	2017	JRNL00186492	06/30/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	100.83	6	2017	JRNL00186492	06/30/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	685.4	6	2017	JRNL00186492	06/30/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	177.95	6	2017	JRNL00186489	06/30/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	177.95	6	2017	JRNL00186489	06/30/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	183.89	6	2017	JRNL00186433	06/30/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	284.19	6	2017	JRNL00186433	06/30/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	183.89	6	2017	JRNL00186433	06/30/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	183.89	6	2017	JRNL00186433	06/30/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	100.83	6	2017	JRNL00186433	06/30/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	183.89	6	2017	JRNL00186433	06/30/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	17.79	6	2017	JRNL00186433	06/30/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	83.04	6	2017	JRNL00186433	06/30/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	41.53	6	2017	JRNL00186433	06/30/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	23.74	4	2017	JRNL00184999	04/30/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	29.66	4	2017	JRNL00184999	04/30/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	452.97	4	2017	JRNL00184999	04/30/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	177.95	4	2017	JRNL00184999	04/30/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	177.95	4	2017	JRNL00184999	04/30/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	177.95	4	2017	JRNL00184999	04/30/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	160.15	4	2017	JRNL00184999	04/30/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	177.95	4	2017	JRNL00184999	04/30/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	275.03	4	2017	JRNL00184999	04/30/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	177.95	4	2017	JRNL00184999	04/30/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	5.93	3	2017	JRNL00184244	03/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	88.98	3	2017	JRNL00184244	03/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	130.5	3	2017	JRNL00184244	03/31/17

Page 14 Supplemental - Equipment Rental Detail

Company	Locn	Dept	Account	Journal_Description	Amount	Month	Year	JournalNumber	ApplyDate
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	166.1	3	2017	JRNL00184244	03/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	166.1	3	2017	JRNL00184244	03/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	160.15	3	2017	JRNL00184244	03/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	166.1	3	2017	JRNL00184244	03/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	166.1	3	2017	JRNL00184244	03/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	256.69	3	2017	JRNL00184244	03/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	166.1	3	2017	JRNL00184244	03/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	183.89	3	2017	JRNL00183881	03/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	284.19	3	2017	JRNL00183881	03/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	183.89	3	2017	JRNL00183881	03/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	183.89	3	2017	JRNL00183881	03/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	183.89	3	2017	JRNL00183881	03/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	83.04	3	2017	JRNL00183881	03/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	172.03	3	2017	JRNL00183881	03/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	183.89	3	2017	JRNL00183881	03/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	118.65	3	2017	JRNL00183881	03/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	65.24	3	2017	JRNL00183881	03/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	106.78	3	2017	JRNL00183881	03/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	284.19	1	2017	JRNL00182342	01/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	177.95	1	2017	JRNL00182342	01/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	183.89	1	2017	JRNL00182342	01/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	183.89	1	2017	JRNL00182342	01/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	167.18	1	2017	JRNL00182342	01/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	77.12	1	2017	JRNL00182342	01/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	29.66	1	2017	JRNL00182342	01/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	23.74	1	2017	JRNL00182342	01/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	100.83	1	2017	JRNL00182342	01/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	183.89	1	2017	JRNL00182342	01/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	183.89	1	2017	JRNL00182342	01/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	183.89	1	2017	JRNL00182342	01/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	183.89	1	2017	JRNL00182342	01/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	130.5	1	2017	JRNL00182342	01/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	130.5	1	2017	JRNL00182342	01/31/17
CCMIDWST	030	8131	60000620	JOERNS LLC - 030	183.89	1	2017	JRNL00182342	01/31/17

Page 14 Supplemental - Equipment Rental Detail

Company	Locn	Dept	Account	Journal_Description	Amount	Month	Year	JournalNumber	ApplyDate
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	115.5	12	2017	JRNL00191339	12/11/17
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	55	12	2017	JRNL00191339	12/11/17
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	55	12	2017	JRNL00191339	12/11/17
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	16.5	12	2017	JRNL00191339	12/11/17
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	504	12	2017	JRNL00191339	12/11/17
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	-33	12	2017	JRNL00191339	12/11/17
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	33	12	2017	JRNL00191339	12/11/17
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	11	12	2017	JRNL00191339	12/11/17
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	165	12	2017	JRNL00191339	12/11/17
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	190	11	2017	JRNL00190361	11/06/17
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	170.5	11	2017	JRNL00190361	11/06/17
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	44	11	2017	JRNL00190361	11/06/17
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	27.5	11	2017	JRNL00190361	11/06/17
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	-170.5	11	2017	JRNL00190361	11/06/17
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	170.5	11	2017	JRNL00190361	11/06/17
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	27.5	11	2017	JRNL00190361	11/06/17
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	71.5	11	2017	JRNL00190361	11/06/17
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	170.5	11	2017	JRNL00190361	11/06/17
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	170.5	11	2017	JRNL00190361	11/06/17
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	38.5	11	2017	JRNL00190361	11/06/17
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	165	10	2017	JRNL00189719	10/09/17
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	165	10	2017	JRNL00189719	10/09/17
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	-165	10	2017	JRNL00189719	10/09/17
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	630	10	2017	JRNL00189719	10/09/17
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	165	10	2017	JRNL00189719	10/09/17
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	27.5	10	2017	JRNL00189719	10/09/17
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	165	10	2017	JRNL00189719	10/09/17
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	27.5	10	2017	JRNL00189719	10/09/17
CCMIDWST	030	8131	60000620	CR-KCI rebate Q3&4/16	-129.66	6	2017	JRNL00186675	06/30/17
CCMIDWST	030	8131	60000620	CR- Joerns Q3-17 Rebate	-82.31	11	2017	JRNL00190941	11/30/17
CCMIDWST	030	8131	60000620	CR- Joerns 3Q15-1Q17 Rebate	-775.37	12	2017	JRNL00192881	12/31/17
CCMIDWST	030	8131	60000620	CR- Joerns 2Q17 Rebate	-123.71	12	2017	JRNL00192881	12/31/17
CCMIDWST	030	8131	60000620	AMERICA'S BEST - 030	1470.99	6	2017	JRNL00186433	06/30/17
CCMIDWST	030	8131	60000620	AMERICA'S BEST - 030	2166.71	5	2017	JRNL00185589	05/31/17

Page 14 Supplemental - Equipment Rental Detail

Company	Locn	Dept	Account	Journal_Description	Amount	Month	Year	JournalNumber	ApplyDate
CCMIDWST	030	8131	60000620	AMERICA'S BEST - 030	1462.54	4	2017	JRNL00184525	04/30/17
CCMIDWST	030	8131	60000620	AMERICA'S BEST - 030	1288.29	3	2017	JRNL00183881	03/31/17
CCMIDWST	030	8131	60000620	AMERICA'S BEST - 030	1108.86	2	2017	JRNL00183078	02/28/17
CCMIDWST	030	8131	60000620	AMERICA'S BEST - 030	941.2	1	2017	JRNL00181981	01/31/17
CCMIDWST	030	8131	60000620	ADVANCED DURABLE MEDICAL - 030	287	7	2017	JRNL00187066	07/31/17
CCMIDWST	030	8131	60000620	ADVANCED DURABLE MEDICAL - 030	323	6	2017	JRNL00186200	06/28/17
CCMIDWST	030	8131	60000620	ADVACARE SYSTEMS - 030	527	11	2017	JRNL00190377	11/16/17
CCMIDWST	030	8131	60000620	ADVACARE SYSTEMS - 030	598	10	2017	JRNL00189448	10/16/17
CCMIDWST	030	8131	60000620	ADVACARE SYSTEMS - 030	527	9	2017	JRNL00188709	09/20/17
CCMIDWST	030	8131	60000620	ADVACARE SYSTEMS - 030	392	7	2017	JRNL00187170	07/31/17
CCMIDWST	030	8131	60000620	ADVACARE SYSTEMS - 030	510	7	2017	JRNL00186889	07/19/17
CCMIDWST	030	8131	60000620	ADVACARE SYSTEMS - 030	527	6	2017	JRNL00185953	06/15/17
CCMIDWST	030	8131	60000620	ADVACARE SYSTEMS - 030	435	5	2017	JRNL00185107	05/17/17
CCMIDWST	030	8131	60000620	Acc ISV-Joerns 9/17 Inv95093106	-27.5	10	2017	JRNL00189609	10/31/17
CCMIDWST	030	8131	60000620	Acc ISV-Joerns 9/17 Inv95093106	27.5	9	2017	JRNL00188959	09/30/17
CCMIDWST	030	8131	60000620	Acc ISV-Joerns 9/17 Inv95093104	-27.5	10	2017	JRNL00189609	10/31/17
CCMIDWST	030	8131	60000620	Acc ISV-Joerns 9/17 Inv95093104	27.5	9	2017	JRNL00188959	09/30/17
CCMIDWST	030	8131	60000620	Acc ISV-Joerns 9/17 Inv95092948	-630	10	2017	JRNL00189609	10/31/17
CCMIDWST	030	8131	60000620	Acc ISV-Joerns 9/17 Inv95092948	630	9	2017	JRNL00188959	09/30/17
CCMIDWST	030	8131	60000620	Acc ISV-Joerns 9/17 Inv95092911	-165	10	2017	JRNL00189609	10/31/17
CCMIDWST	030	8131	60000620	Acc ISV-Joerns 9/17 Inv95092911	165	9	2017	JRNL00188959	09/30/17
CCMIDWST	030	8131	60000620	Acc ISV-Joerns 9/17 Inv95092902	-165	10	2017	JRNL00189609	10/31/17
CCMIDWST	030	8131	60000620	Acc ISV-Joerns 9/17 Inv95092902	165	9	2017	JRNL00188959	09/30/17
CCMIDWST	030	8131	60000620	Acc ISV-Joerns 9/17 Inv95092719	-165	10	2017	JRNL00189609	10/31/17
CCMIDWST	030	8131	60000620	Acc ISV-Joerns 9/17 Inv95092719	165	9	2017	JRNL00188959	09/30/17
CCMIDWST	030	8131	60000620	Acc 12/17 ISV Joerns-0095194861-01	38.5	12	2017	JRNL00191486	12/31/17
CCMIDWST	030	8131	60000620	Acc 12/17 ISV Joerns-0095194858-01	82.5	12	2017	JRNL00191486	12/31/17
CCMIDWST	030	8131	60000620	Acc 12/17 ISV Joerns-0095194851-01	110	12	2017	JRNL00191486	12/31/17
CCMIDWST	030	8131	60000620	Acc 12/17 ISV Joerns-0095194703-01	60.5	12	2017	JRNL00191486	12/31/17
CCMIDWST	030	8131	60000620	Acc 12/17 ISV Joerns-0095194562-01	170.5	12	2017	JRNL00191486	12/31/17
CCMIDWST	030	8131	60000620	Acc 12/17 ISV Joerns-0095194541-02	-77	12	2017	JRNL00191486	12/31/17
CCMIDWST	030	8131	60000620	Acc 12/17 ISV Joerns-0095194541-01	170.5	12	2017	JRNL00191486	12/31/17
CCMIDWST	030	8131	60000620	Acc 12/17 ISV Joerns-0095194537-01	462	12	2017	JRNL00191486	12/31/17
CCMIDWST	030	8131	60000620	Acc 11/17 ISV Joerns-0095160196-01	-16.5	12	2017	JRNL00191309	12/31/17

Page 14 Supplemental - Equipment Rental Detail

Company	Locn	Dept	Account	Journal_Description	Amount	Month	Year	JournalNumber	ApplyDate
CCMIDWST	030	8131	60000620	Acc 11/17 ISV Joerns-0095160196-01	16.5	11	2017	JRNL00190618	11/30/17
CCMIDWST	030	8131	60000620	Acc 11/17 ISV Joerns-0095160174-01	-55	12	2017	JRNL00191309	12/31/17
CCMIDWST	030	8131	60000620	Acc 11/17 ISV Joerns-0095160174-01	55	11	2017	JRNL00190618	11/30/17
CCMIDWST	030	8131	60000620	Acc 11/17 ISV Joerns-0095160173-01	-55	12	2017	JRNL00191309	12/31/17
CCMIDWST	030	8131	60000620	Acc 11/17 ISV Joerns-0095160173-01	55	11	2017	JRNL00190618	11/30/17
CCMIDWST	030	8131	60000620	Acc 11/17 ISV Joerns-0095160165-01	-504	12	2017	JRNL00191309	12/31/17
CCMIDWST	030	8131	60000620	Acc 11/17 ISV Joerns-0095160165-01	504	11	2017	JRNL00190618	11/30/17
CCMIDWST	030	8131	60000620	Acc 11/17 ISV Joerns-0095160059-01	-11	12	2017	JRNL00191309	12/31/17
CCMIDWST	030	8131	60000620	Acc 11/17 ISV Joerns-0095160059-01	11	11	2017	JRNL00190618	11/30/17
CCMIDWST	030	8131	60000620	Acc 11/17 ISV Joerns-0095160056-01	-115.5	12	2017	JRNL00191309	12/31/17
CCMIDWST	030	8131	60000620	Acc 11/17 ISV Joerns-0095160056-01	115.5	11	2017	JRNL00190618	11/30/17
CCMIDWST	030	8131	60000620	Acc 11/17 ISV Joerns-0095160033-02	33	12	2017	JRNL00191309	12/31/17
CCMIDWST	030	8131	60000620	Acc 11/17 ISV Joerns-0095160033-02	-33	11	2017	JRNL00190618	11/30/17
CCMIDWST	030	8131	60000620	Acc 11/17 ISV Joerns-0095160033-01	-33	12	2017	JRNL00191309	12/31/17
CCMIDWST	030	8131	60000620	Acc 11/17 ISV Joerns-0095160033-01	33	11	2017	JRNL00190618	11/30/17
CCMIDWST	030	8131	60000620	Acc 11/17 ISV Joerns-0095160009-01	-165	12	2017	JRNL00191309	12/31/17
CCMIDWST	030	8131	60000620	Acc 11/17 ISV Joerns-0095160009-01	165	11	2017	JRNL00190618	11/30/17
CCMIDWST	030	8131	60000620	Acc 10/17 ISV Joerns-0095127826-01	-190	11	2017	JRNL00190508	11/30/17
CCMIDWST	030	8131	60000620	Acc 10/17 ISV Joerns-0095127826-01	190	10	2017	JRNL00189880	10/31/17
CCMIDWST	030	8131	60000620	Acc 10/17 ISV Joerns-0095127797-01	-44	11	2017	JRNL00190508	11/30/17
CCMIDWST	030	8131	60000620	Acc 10/17 ISV Joerns-0095127797-01	44	10	2017	JRNL00189880	10/31/17
CCMIDWST	030	8131	60000620	Acc 10/17 ISV Joerns-0095127760-01	-38.5	11	2017	JRNL00190508	11/30/17
CCMIDWST	030	8131	60000620	Acc 10/17 ISV Joerns-0095127760-01	38.5	10	2017	JRNL00189880	10/31/17
CCMIDWST	030	8131	60000620	Acc 10/17 ISV Joerns-0095127709-01	-71.5	11	2017	JRNL00190508	11/30/17
CCMIDWST	030	8131	60000620	Acc 10/17 ISV Joerns-0095127709-01	71.5	10	2017	JRNL00189880	10/31/17
CCMIDWST	030	8131	60000620	Acc 10/17 ISV Joerns-0095127565-01	-27.5	11	2017	JRNL00190508	11/30/17
CCMIDWST	030	8131	60000620	Acc 10/17 ISV Joerns-0095127565-01	27.5	10	2017	JRNL00189880	10/31/17
CCMIDWST	030	8131	60000620	Acc 10/17 ISV Joerns-0095127496-01	-170.5	11	2017	JRNL00190508	11/30/17
CCMIDWST	030	8131	60000620	Acc 10/17 ISV Joerns-0095127496-01	170.5	10	2017	JRNL00189880	10/31/17
CCMIDWST	030	8131	60000620	Acc 10/17 ISV Joerns-0095127490-01	-27.5	11	2017	JRNL00190508	11/30/17
CCMIDWST	030	8131	60000620	Acc 10/17 ISV Joerns-0095127490-01	27.5	10	2017	JRNL00189880	10/31/17
CCMIDWST	030	8131	60000620	Acc 10/17 ISV Joerns-0095127480-01	-170.5	11	2017	JRNL00190508	11/30/17
CCMIDWST	030	8131	60000620	Acc 10/17 ISV Joerns-0095127480-01	170.5	10	2017	JRNL00189880	10/31/17
CCMIDWST	030	8131	60000620	Acc 10/17 ISV Joerns-0095127448-01	-170.5	11	2017	JRNL00190508	11/30/17

Page 14 Supplemental - Equipment Rental Detail

Company	Locn	Dept	Account	Journal_Description	Amount	Month	Year	JournalNumber	ApplyDate
CCMIDWST	030	8131	60000620	Acc 10/17 ISV Joerns-0095127448-01	170.5	10	2017	JRNL00189880	10/31/17
CCMIDWST	030	8200	60000620	MOBILITY RESEARCH - 030	670	7	2017	JRNL00186878	07/18/17
CCMIDWST	030	8200	60000620	MOBILITY RESEARCH - 030	670	6	2017	JRNL00185853	06/12/17
CCMIDWST	030	8200	60000620	MOBILITY RESEARCH - 030	670	5	2017	JRNL00184989	05/10/17
CCMIDWST	030	8200	60000620	MOBILITY RESEARCH - 030	670	4	2017	JRNL00184279	04/18/17
CCMIDWST	030	8200	60000620	MOBILITY RESEARCH - 030	670	3	2017	JRNL00182961	03/08/17
CCMIDWST	030	8200	60000620	MOBILITY RESEARCH - 030	670	1	2017	JRNL00182045	01/31/17
CCMIDWST	030	8200	60000620	MOBILITY RESEARCH - 030	670	1	2017	JRNL00181547	01/17/17
CCMIDWST	030	8200	60000620	ACCELERATED CARE PLUS - 099	1707	12	2017	JRNL00191268	12/25/17
CCMIDWST	030	8200	60000620	ACCELERATED CARE PLUS - 099	1707	11	2017	JRNL00190453	11/25/17
CCMIDWST	030	8200	60000620	ACCELERATED CARE PLUS - 099	1707	10	2017	JRNL00189593	10/25/17
CCMIDWST	030	8200	60000620	ACCELERATED CARE PLUS - 099	1707	9	2017	JRNL00188785	09/25/17
CCMIDWST	030	8200	60000620	ACCELERATED CARE PLUS - 099	1707	8	2017	JRNL00187891	08/25/17
CCMIDWST	030	8200	60000620	ACCELERATED CARE PLUS - 099	-249	7	2017	JRNL00186975	07/25/17
CCMIDWST	030	8200	60000620	ACCELERATED CARE PLUS - 099	1956	7	2017	JRNL00186974	07/25/17
CCMIDWST	030	8200	60000620	ACCELERATED CARE PLUS - 099	-124.5	6	2017	JRNL00186426	06/30/17
CCMIDWST	030	8200	60000620	ACCELERATED CARE PLUS - 099	-249	6	2017	JRNL00186151	06/27/17
CCMIDWST	030	8200	60000620	ACCELERATED CARE PLUS - 099	1956	6	2017	JRNL00186150	06/25/17
CCMIDWST	030	8200	60000620	ACCELERATED CARE PLUS - 099	1956	5	2017	JRNL00185325	05/25/17
CCMIDWST	030	8200	60000620	ACCELERATED CARE PLUS - 099	1956	4	2017	JRNL00184360	04/25/17
CCMIDWST	030	8200	60000620	ACCELERATED CARE PLUS - 099	1956	3	2017	JRNL00183529	03/25/17
CCMIDWST	030	8200	60000620	ACCELERATED CARE PLUS - 099	1956	2	2017	JRNL00182681	02/25/17
CCMIDWST	030	8200	60000620	ACCELERATED CARE PLUS - 099	1940.85	1	2017	JRNL00181821	01/25/17
CCMIDWST	030	8200	60000620	ACCELERATED CARE PLUS - 099	15.15	1	2017	JRNL00181820	01/27/17
TOTAL	030	8200	60000620		90,871.36				

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

1	Service	Schedule V Line & Column Reference	2 Staff		3		4 Outside Practitioner (other than consultant)		5	6	7	8	
			Units of Service	Cost	Units	Cost	Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)				
1	Licensed Occupational Therapist	V10A	0.00 hrs	\$ 0	5,583	\$ 257,742	\$ 0	5,583	\$ 257,742			1	
2	Licensed Speech and Language Development Therapist	V10A	0.00 hrs	0	4,433	152,700	0	4,433	152,700			2	
3	Licensed Recreational Therapist	V10A	0.00 hrs	0	0	0	0	0	0			3	
4	Licensed Physical Therapist	V10A	0.00 hrs	0	9,598	381,318	0	9,598	381,318			4	
5	Physician Care		visits									5	
6	Dental Care		visits									6	
7	Work Related Program		hrs									7	
8	Habilitation	V39	##### hrs	52,193	0	0	6,607	3,633	58,800			8	
9	Pharmacy	V39	# of prescripts	0	0	0	224,533		224,533			9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10	
11	Academic Education		hrs									11	
12	Other (specify): LAB/RADIOLOGY	V39		0	0	5,077	33,804		38,881			12	
13	Other (specify): BILLABLE SUPPLIES	V39		0	0	0	43,406		43,406			13	
14	TOTAL			\$ 52,193	19,614	\$ 796,837	\$ 308,350	23,247	\$ 1,157,380			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	\$ 2,000	\$	1
2 Cash-Patient Deposits			2
3 Accounts & Short-Term Notes Receivable-Patients (less allowance 931,493)	754,114		3
4 Supply Inventory (priced at)	50,208		4
5 Short-Term Investments			5
6 Prepaid Insurance			6
7 Other Prepaid Expenses	3,089		7
8 Accounts Receivable (owners or related parties)			8
9 Other(specify):	21,241		9
10 TOTAL Current Assets (sum of lines 1 thru 9)	\$ 830,652	\$	10
B. Long-Term Assets			
11 Long-Term Notes Receivable			11
12 Long-Term Investments			12
13 Land			13
14 Buildings, at Historical Cost			14
15 Leasehold Improvements, at Historical Cos	1,058,304		15
16 Equipment, at Historical Cost	673,036		16
17 Accumulated Depreciation (book methods)	(1,471,448)		17
18 Deferred Charges			18
19 Organization & Pre-Operating Costs			19
20 Accumulated Amortization - Organization & Pre-Operating Costs			20
21 Restricted Funds			21
22 Other Long-Term Assets (specify):			22
23 Other(specify):	94,644		23
24 TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 354,536	\$	24
25 TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,185,188	\$	25

	1	2	
	Operating	After Consolidation*	
C. Current Liabilities			
26 Accounts Payable	\$ 8,266	\$	26
27 Officer's Accounts Payable			27
28 Accounts Payable-Patient Deposits			28
29 Short-Term Notes Payable			29
30 Accrued Salaries Payable	157,899		30
31 Accrued Taxes Payable (excluding real estate taxes)			31
32 Accrued Real Estate Taxes(Sch.IX-B)			32
33 Accrued Interest Payable			33
34 Deferred Compensation			34
35 Federal and State Income Taxes			35
36 Other Current Liabilities(specify):			36
37	(1,781,000)		37
38 TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ (1,614,835)	\$	38
D. Long-Term Liabilities			
39 Long-Term Notes Payable			39
40 Mortgage Payable			40
41 Bonds Payable			41
42 Deferred Compensation			42
43 Other Long-Term Liabilities(specify):			43
44	(248,779)		44
45 TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ (248,779)	\$	45
46 TOTAL LIABILITIES (sum of lines 38 and 45)	\$ (1,863,614)	\$	46
47 TOTAL EQUITY (page 18, line 24)	\$ 3,048,802	\$	47
48 TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 1,185,188	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,799,159	1
2	Restatements (describe):		2
3	Rounding	(1)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,799,158	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	249,644	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 249,644	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)	\$ 3,048,802	24 *

* This must agree with page 17, line 47.

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	\$ 7,293,548	1
2	Discounts and Allowances for all Levels	(1,991,598)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,301,950	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,952,910	6
7	Oxygen	4,113	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,957,023	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		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	232,824	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	19,316	19
20	Radiology and X-Ray	12,283	20
21	Other Medical Services	66,386	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 330,809	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	9,335	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 9,335	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>AL/IL</u>		28
28a	<u>Misc Revenue</u>		28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 8,599,117	30

2			
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,026,033	31
32	Health Care	3,697,105	32
33	General Administration	2,216,693	33
B. Capital Expense			
34	Ownership	768,687	34
C. Ancillary Expense			
35	Special Cost Centers	365,620	35
36	Provider Participation Fee	275,335	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 8,349,473	40
41	Income before Income Taxes (line 30 minus line 40)**	249,644	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 249,644	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 3,269,267	44
45	Private Pay - Net Inpatient Revenue	1,231,254	45
46	Medicare - Net Inpatient Revenue	2,122,630	46
47	Other-(specify) ALL OTHER SNF/SCF IP REVENUE	1,526,736	47
48	Other-(specify) C/A ANCILLARY ACCOUNTS	(2,847,937)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 5,301,950	49

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

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

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

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

Facility Name & ID Number Cedar Ridge Hlth & Rehab Center

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	2,202	2,182	\$ 108,802	\$ 49.86	1
2	Assistant Director of Nursing	2,038	2,038	49,025	24.06	2
3	Registered Nurses	5,076	6,513	259,655	39.87	3
4	Licensed Practical Nurses	33,547	33,547	768,343	22.90	4
5	CNAs & Orderlies	83,312	83,312	1,094,543	13.14	5
6	CNA Trainees	0	0	0		6
7	Licensed Therapist	0	0	0		7
8	Rehab/Therapy Aides	3,633	3,633	52,193	14.37	8
9	Activity Director	1,863	1,863	26,607	14.28	9
10	Activity Assistants	3,372	3,511	40,419	11.51	10
11	Social Service Workers	9,643	9,777	156,107	15.97	11
12	Dietician	0	0	0		12
13	Food Service Supervisor	1,915	1,915	39,417	20.58	13
14	Head Cook	0	0	0		14
15	Cook Helpers/Assistants	16,776	17,004	192,678	11.33	15
16	Dishwashers	0	0	0		16
17	Maintenance Workers	3,836	3,858	80,834	20.95	17
18	Housekeepers	12,077	12,185	125,089	10.27	18
19	Laundry	5,260	5,338	54,149	10.14	19
20	Administrator	2,156	2,156	137,053	63.57	20
21	Assistant Administrator	0	0	0		21
22	Other Administrative	0	0	0		22
23	Office Manager	0	0	0		23
24	Clerical	11,369	11,794	188,328	15.97	24
25	Vocational Instruction	0	0	0		25
26	Academic Instruction	0	0	0		26
27	Medical Director	0	0	0		27
28	Qualified MR Prof. (QMRP)	0	0	0		28
29	Resident Services Coordinator	0	0	0		29
30	Habilitation Aides (DD Homes)	0	0	0		30
31	Medical Records	1,766	1,806	53,416	29.58	31
32	Other Health Care(specify)	3,823	3,823	103,834	27.16	32
33	Other(specify)	1,633	1,694	47,248	27.89	33
34	TOTAL (lines 1 - 33)	205,297	207,949	\$ 3,577,740 *	\$ 17.20	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	464	\$ 22,896	01-03	35
36	Medical Director	65	12,000	09-03	36
37	Medical Records Consultant	6	404	10-03	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	10,443	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	30	1,764	11-03	44
45	Social Service Consultant	30	1,764	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	594	\$ 49,270		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

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Mike Altobella	Administrator	0	\$ 137,053	Workers' Compensation Insurance	\$ 65,499	IDPH License Fee	\$ 2,052	
				Unemployment Compensation Insurance		Advertising: Employee Recruitment	11,267	
				FICA Taxes	320,845	Health Care Worker Background Check		
				Employee Health Insurance	260,855	(Indicate # of checks performed _____)		
				Employee Meals				
				Illinois Municipal Retirement Fund (IMRF)*		Dues and Subscriptions	5,768	
				Vision Insurance	(188)	License and Permits	1,125	
				Life Insurance	3,061			
				Dental Insurance	32			
				Employee Physicals/X-Ray	296			
				Other Employee Benefits	37,494	Less: Public Relations Expense	()	
						Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)					\$ 137,053	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 20,212
B. Administrative - Other				TOTAL (agree to Schedule V, line 22, col.8)			\$ 687,894	
Description				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Management Fees - Covenant Care California, LLC				Description			Description	
\$ 437,333				Line #			Amount	
				Amount			Amount	
							Out-of-State Travel	
							\$	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)							In-State Travel	
\$ 437,333								
C. Professional Services				TOTAL			Seminar Expense	
Vendor/Payee	Type		Amount	\$			481	
See Attached	Legal		\$ 24,673				Entertainment Expense	
Ability Network	Data Processing		4,532				()	
HealthLink	Data Processing		656				(agree to Sch. V, line 24, col. 8)	
Insight Global	Staffing Services		252				\$ 481	
Live Well Counseling Services	Social Counseling		5,100					
National Datacare Corporation	Data Processing		3,327					
Pinnacle Quality Insight	Customer Satisfaction		2,336					
SmartLinx Solutions	Labor Management Software		18,645					
Highland Recycling & Shredding	Data Shredding Services		826					
Iron Mountain	Data Shredding Services		1,686					
PointClickCare	Data Processing		23,374					
Wescom Solutions	Data Processing		7,987					
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)				\$ 93,394				

* Attach copy of IMRF notifications

**See instructions.

Page 21 Supplemental - Legal Fee Detail

Company	Locn	Dept	Account	Journal_Description	Amount	Month	Year	JournalNumber	ApplyDate	Purpose	(Non)Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 12/16	1026.1	1	2017	JRNL00182434	01/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/16	677.9	1	2017	JRNL00182427	01/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/16	-677.9	1	2017	JRNL00181410	01/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 10/16	-1324.15	1	2017	JRNL00181411	01/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 10/16	-129.55	1	2017	JRNL00181411	01/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 10/16	1324.15	1	2017	JRNL00182427	01/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 10/16	129.55	1	2017	JRNL00182427	01/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 12/16	1026.1	2	2017	JRNL00183203	02/28/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 12/16	-1026.1	2	2017	JRNL00182556	02/28/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/16	677.9	2	2017	JRNL00183203	02/28/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/16	-677.9	2	2017	JRNL00182432	02/28/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 1,2/17	125.75	2	2017	JRNL00183245	02/28/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 1,2/17	1,517.20	2	2017	JRNL00183245	02/28/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 10/16	-1324.15	2	2017	JRNL00182432	02/28/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 10/16	-129.55	2	2017	JRNL00182432	02/28/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 10/16	1324.15	2	2017	JRNL00183203	02/28/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 10/16	129.55	2	2017	JRNL00183203	02/28/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	129.55	3	2017	JRNL00183365	03/16/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	1,324.15	3	2017	JRNL00183365	03/16/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 2/17	188.55	3	2017	JRNL00184019	03/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 2/17	57.25	3	2017	JRNL00184019	03/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 2/17	467.25	3	2017	JRNL00184019	03/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	1,026.10	3	2017	JRNL00184010	03/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	677.90	3	2017	JRNL00183723	03/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 12/16	-1026.1	3	2017	JRNL00183225	03/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/16	-677.9	3	2017	JRNL00183225	03/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 10/16	-129.55	3	2017	JRNL00183225	03/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 10/16	-1324.15	3	2017	JRNL00183225	03/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 1,2/17	(125.75)	3	2017	JRNL00183248	03/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 1,2/17	(1,517.20)	3	2017	JRNL00183248	03/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 1,2/17	1,517.20	3	2017	JRNL00184035	03/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 1,2/17	125.75	3	2017	JRNL00184035	03/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 2/17	-188.55	4	2017	JRNL00184041	04/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 2/17	-57.25	4	2017	JRNL00184041	04/30/17	Collections	NonAllowable

Page 21 Supplemental - Legal Fee Detail

Company	Locn	Dept	Account	Journal_Description	Amount	Month	Year	JournalNumber	ApplyDate	Purpose	(Non)Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 2/17	-467.25	4	2017	JRNL00184041	04/30/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 2/17	467.25	4	2017	JRNL00184878	04/30/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 2/17	188.55	4	2017	JRNL00184878	04/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 2/17	57.25	4	2017	JRNL00184878	04/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Gregory N. Skinner 11/16	175	4	2017	JRNL00184958	04/30/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Gregory N. Skinner 2/17	425	4	2017	JRNL00184958	04/30/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 3/17	265.35	4	2017	JRNL00184958	04/30/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 1,2/17	(1,517.20)	4	2017	JRNL00184123	04/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 1,2/17	(125.75)	4	2017	JRNL00184123	04/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 1,2/17	1,517.20	4	2017	JRNL00184878	04/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 1,2/17	125.75	4	2017	JRNL00184878	04/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 2/17	-467.25	5	2017	JRNL00184957	05/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 2/17	-188.55	5	2017	JRNL00184957	05/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 2/17	-57.25	5	2017	JRNL00184957	05/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	125.75	5	2017	JRNL00185718	05/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	1,517.20	5	2017	JRNL00185718	05/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	57.25	5	2017	JRNL00185604	05/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	188.55	5	2017	JRNL00185604	05/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	467.25	5	2017	JRNL00185604	05/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Gregory N. Skinner 11/16	-175	5	2017	JRNL00184964	05/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Gregory N. Skinner 11/16	175	5	2017	JRNL00185507	05/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Gregory N. Skinner 2/17	-425	5	2017	JRNL00184964	05/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Gregory N. Skinner 2/17	425	5	2017	JRNL00185507	05/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 4/17	400.8	5	2017	JRNL00185552	05/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 4/17	1017.1	5	2017	JRNL00185552	05/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 4/17	1234.25	5	2017	JRNL00185552	05/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 4/17	98.15	5	2017	JRNL00185552	05/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 3/17	265.35	5	2017	JRNL00185507	05/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 3/17	-265.35	5	2017	JRNL00184964	05/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 1,2/17	(1,517.20)	5	2017	JRNL00184957	05/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 1,2/17	(125.75)	5	2017	JRNL00184957	05/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	265.35	6	2017	JRNL00186348	06/30/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	GREGORY M. SKINNER - 099	175.00	6	2017	JRNL00186254	06/30/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Gregory N. Skinner 11/16	-175	6	2017	JRNL00185823	06/30/17	Guardianship	Allowable

Page 21 Supplemental - Legal Fee Detail

Company	Locn	Dept	Account	Journal_Description	Amount	Month	Year	JournalNumber	ApplyDate	Purpose	(Non)Allowable
CCMIDWST	030	6901	60000470	Acr Gregory N. Skinner 2/17	-425	6	2017	JRNL00185823	06/30/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Gregory N. Skinner 2/17	425	6	2017	JRNL00186700	06/30/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 5/17	968.2	6	2017	JRNL00186414	06/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 5/17	160.8	6	2017	JRNL00186414	06/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 5/17	560.35	6	2017	JRNL00186414	06/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 5/17	150.8	6	2017	JRNL00186414	06/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 4/17	98.15	6	2017	JRNL00186700	06/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 4/17	400.8	6	2017	JRNL00186700	06/30/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 4/17	1017.1	6	2017	JRNL00186700	06/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 4/17	1234.25	6	2017	JRNL00186700	06/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 4/17	-400.8	6	2017	JRNL00185819	06/30/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 4/17	-1017.1	6	2017	JRNL00185819	06/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 4/17	-1234.25	6	2017	JRNL00185819	06/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 4/17	-98.15	6	2017	JRNL00185819	06/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 3/17	-265.35	6	2017	JRNL00185823	06/30/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	400.80	7	2017	JRNL00187345	07/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	98.15	7	2017	JRNL00187345	07/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	1,234.25	7	2017	JRNL00187345	07/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	1,017.10	7	2017	JRNL00187345	07/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sanders Rehaste 7/17	129.55	7	2017	JRNL00187487	07/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sanders Rehaste 7/17	285.8	7	2017	JRNL00187487	07/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Gregory N. Skinner 2/17	-425	7	2017	JRNL00186712	07/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Gregory N. Skinner 2/17	425	7	2017	JRNL00187458	07/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 5/17	150.8	7	2017	JRNL00187458	07/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 5/17	160.8	7	2017	JRNL00187458	07/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 5/17	560.35	7	2017	JRNL00187458	07/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 5/17	968.2	7	2017	JRNL00187458	07/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 5/17	-968.2	7	2017	JRNL00186668	07/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 5/17	-160.8	7	2017	JRNL00186668	07/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 5/17	-560.35	7	2017	JRNL00186668	07/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 5/17	-150.8	7	2017	JRNL00186668	07/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 4/17	-98.15	7	2017	JRNL00186712	07/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 4/17	-400.8	7	2017	JRNL00186712	07/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 4/17	-1017.1	7	2017	JRNL00186712	07/31/17	Collections	NonAllowable

Page 21 Supplemental - Legal Fee Detail

Company	Locn	Dept	Account	Journal_Description	Amount	Month	Year	JournalNumber	ApplyDate	Purpose	(Non)Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 4/17	-1234.25	7	2017	JRNL00186712	07/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr legal fees 7/17	10.5	7	2017	JRNL00187487	07/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr legal fees 7/17	815.45	7	2017	JRNL00187487	07/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	986.20	8	2017	JRNL00187887	08/23/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	150.80	8	2017	JRNL00187887	08/23/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	560.35	8	2017	JRNL00187887	08/23/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	160.80	8	2017	JRNL00187887	08/23/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sanders Rehaste 7/17	129.55	8	2017	JRNL00188369	08/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sanders Rehaste 7/17	285.8	8	2017	JRNL00188369	08/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sanders Rehaste 7/17	-129.55	8	2017	JRNL00187575	08/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sanders Rehaste 7/17	-285.8	8	2017	JRNL00187575	08/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Gregory N. Skinner 2/17	-425	8	2017	JRNL00187567	08/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Gregory N. Skinner 2/17	425	8	2017	JRNL00188369	08/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 8/17	908.45	8	2017	JRNL00188396	08/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 8/17	469.65	8	2017	JRNL00188396	08/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 8/17	205.3	8	2017	JRNL00188396	08/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 8/17	291.9	8	2017	JRNL00188396	08/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 5/17	-150.8	8	2017	JRNL00187567	08/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 5/17	-160.8	8	2017	JRNL00187567	08/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 5/17	-560.35	8	2017	JRNL00187567	08/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 5/17	-968.2	8	2017	JRNL00187567	08/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr legal fees 7/17	-10.5	8	2017	JRNL00187575	08/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr legal fees 7/17	-815.45	8	2017	JRNL00187575	08/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr legal fees 7/17	815.45	8	2017	JRNL00188369	08/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr legal fees 7/17	10.5	8	2017	JRNL00188369	08/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	815.45	9	2017	JRNL00188656	09/19/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	10.50	9	2017	JRNL00188656	09/19/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	285.80	9	2017	JRNL00188656	09/19/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	129.55	9	2017	JRNL00188656	09/19/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sanders Rehaste 7/17	-129.55	9	2017	JRNL00188402	09/30/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sanders Rehaste 7/17	-285.8	9	2017	JRNL00188402	09/30/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 9/17	1360.95	9	2017	JRNL00189174	09/30/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 9/17	686.5	9	2017	JRNL00189174	09/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 9/17	604.1	9	2017	JRNL00189174	09/30/17	Collections	NonAllowable

Page 21 Supplemental - Legal Fee Detail

Company	Locn	Dept	Account	Journal_Description	Amount	Month	Year	JournalNumber	ApplyDate	Purpose	(Non)Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 9/17	232.3	9	2017	JRNL00189174	09/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Gregory N. Skinner 2/17	-425	9	2017	JRNL00188402	09/30/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Gregory N. Skinner 2/17	425	9	2017	JRNL00189104	09/30/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 8/17	205.3	9	2017	JRNL00189104	09/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 8/17	291.9	9	2017	JRNL00189104	09/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 8/17	469.65	9	2017	JRNL00189104	09/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 8/17	908.45	9	2017	JRNL00189104	09/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 8/17	-908.45	9	2017	JRNL00188498	09/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 8/17	-469.65	9	2017	JRNL00188498	09/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 8/17	-205.3	9	2017	JRNL00188498	09/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 8/17	-291.9	9	2017	JRNL00188498	09/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr legal fees 7/17	-815.45	9	2017	JRNL00188402	09/30/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr legal fees 7/17	-10.5	9	2017	JRNL00188402	09/30/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	469.65	10	2017	JRNL00189903	10/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	205.30	10	2017	JRNL00189903	10/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	291.90	10	2017	JRNL00189903	10/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	908.45	10	2017	JRNL00189903	10/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 9/17	232.3	10	2017	JRNL00189979	10/31/17	collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 9/17	604.1	10	2017	JRNL00189979	10/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 9/17	686.5	10	2017	JRNL00189979	10/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 9/17	1360.95	10	2017	JRNL00189979	10/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 9/17	-1360.95	10	2017	JRNL00189307	10/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 9/17	-686.5	10	2017	JRNL00189307	10/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 9/17	-604.1	10	2017	JRNL00189307	10/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 9/17	-232.3	10	2017	JRNL00189307	10/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Gregory N. Skinner 2/17	-425	10	2017	JRNL00189306	10/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Gregory N. Skinner 2/17	425	10	2017	JRNL00189979	10/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 8/17	-205.3	10	2017	JRNL00189306	10/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 8/17	-291.9	10	2017	JRNL00189306	10/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 8/17	-469.65	10	2017	JRNL00189306	10/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 8/17	-908.45	10	2017	JRNL00189306	10/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 10/17	1611.4	10	2017	JRNL00190023	10/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 10/17	686.5	10	2017	JRNL00190023	10/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 10/17	388.34	10	2017	JRNL00190023	10/31/17	Collections	NonAllowable

Page 21 Supplemental - Legal Fee Detail

Company	Locn	Dept	Account	Journal_Description	Amount	Month	Year	JournalNumber	ApplyDate	Purpose	(Non)Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 10/17	604.1	10	2017	JRNL00190023	10/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 10/17	232.3	10	2017	JRNL00190023	10/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	686.50	11	2017	JRNL00190608	11/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	604.10	11	2017	JRNL00190608	11/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	232.30	11	2017	JRNL00190608	11/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	1,360.95	11	2017	JRNL00190608	11/30/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	388.34	11	2017	JRNL00190585	11/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	1,611.40	11	2017	JRNL00190585	11/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 9/17	-232.3	11	2017	JRNL00190030	11/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 9/17	-604.1	11	2017	JRNL00190030	11/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 9/17	-686.5	11	2017	JRNL00190030	11/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 9/17	-1360.95	11	2017	JRNL00190030	11/30/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Gregory N. Skinner 2/17	-425	11	2017	JRNL00190030	11/30/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	1659.45	11	2017	JRNL00190815	11/30/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	670.34	11	2017	JRNL00190815	11/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	686.5	11	2017	JRNL00190815	11/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	117.5	11	2017	JRNL00190815	11/30/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	84	11	2017	JRNL00190815	11/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	604.1	11	2017	JRNL00190815	11/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	232.3	11	2017	JRNL00190815	11/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 10/17	-1611.4	11	2017	JRNL00190053	11/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 10/17	-686.5	11	2017	JRNL00190053	11/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 10/17	-388.34	11	2017	JRNL00190053	11/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 10/17	-604.1	11	2017	JRNL00190053	11/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 10/17	-232.3	11	2017	JRNL00190053	11/30/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	1659.45	12	2017	JRNL00191676	12/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	670.34	12	2017	JRNL00191676	12/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	686.5	12	2017	JRNL00191676	12/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	117.5	12	2017	JRNL00191676	12/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	84	12	2017	JRNL00191676	12/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	604.1	12	2017	JRNL00191676	12/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	232.3	12	2017	JRNL00191676	12/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	-1659.45	12	2017	JRNL00191017	12/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	-670.34	12	2017	JRNL00191017	12/31/17	Collections	NonAllowable

Page 21 Supplemental - Legal Fee Detail

Company	Locn	Dept	Account	Journal_Description	Amount	Month	Year	JournalNumber	ApplyDate	Purpose	(Non)Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	-686.5	12	2017	JRNL00191017	12/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	-117.5	12	2017	JRNL00191017	12/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	-84	12	2017	JRNL00191017	12/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	-604.1	12	2017	JRNL00191017	12/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	-232.3	12	2017	JRNL00191017	12/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	227.75	12	2017	JRNL00191886	12/31/17	Resident matter	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	232.3	12	2017	JRNL00191886	12/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	604.1	12	2017	JRNL00191886	12/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	282	12	2017	JRNL00191886	12/31/17	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	686.5	12	2017	JRNL00191886	12/31/17	Collections	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	2155.4	12	2017	JRNL00191886	12/31/17	Guardianship	Allowable
TOTAL	030	6901	60000470		24,673.33						

Facility Name & ID Number Cedar Ridge Hlth & Rehab Center

0042838

Report Period Beginning: 01/01/17

Ending: 12/31/17

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. AHCA,IHCA \$5,428
- (3) Did the nursing home make political contributions or payments to a political 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? N/A
- (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 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 46,739 Line 10-02
- (7) Have all costs reported on this form been determined using accounting procedure consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? X YES 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 N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 275,335
This amount is to be recorded on line 42 of Schedule V
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (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 benefit on Schedule V. \$ Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? 100% Ln 1
- 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? Yes
- g. Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (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