		FOR BHF USE					

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2018
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2018)

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

I. IDPH License ID Number: 0042838

Facility Name: Cedar Ridge Hlth & Rehab Center

Address: One Perryman Street (Number) Lebanon (City) 62254 (Zip Code)

County: St. Clair

Telephone Number: 618-537-6165 **Fax #** 618-537-4021

HFS ID Number:

Date of Initial License for Current Owners: 1/1/1994

Type of Ownership:

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

In the event there are further questions about this report, please contact:
Name: Carol Sparks **Telephone Number:** 949-349-1222
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2018 to 12/31/2018 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

Officer or Administrator of Provider

(Signed) (Date)
(Type or Print Name) Carol Sparks
(Title) Director of Reimbursement

Paid Preparer

(Signed) (Date)
(Print Name and Title) Christopher Joos, Partner
(Firm Name & Address) Plante & Moran, PLLC, 250 S. High Street, Suite 100 Columbus, OH 43215
(Telephone) (614)222-9040 Fax # (248)233-8811

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

Facility Name & ID Number Cedar Ridge Hlth & Rehab Center # 0042838 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	116	Skilled (SNF)	116	42,340	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	116	TOTALS	116	42,340	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	Private Pay	Other	5 Total	
8	SNF	24,380	6,291	9,018	39,689	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	24,380	6,291	9,018	39,689	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 93.74%

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 [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [X] 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 [X] Date 4/1/1997 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 116 and days of care provided 4,937

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

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

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

Tax Year: 12/31/18 Fiscal Year: 12/31/18

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

Facility Name & ID Number Cedar Ridge Hlth & Rehab Center # 0042838 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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

	Operating Expenses	Costs Per General Ledger Salary/Wage	Supplies	Other	Total	Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	257,648	19,988	23,580	301,216		301,216		301,216			1
2	Food Purchase		197,676		197,676		197,676		197,676			2
3	Housekeeping	127,607	19,510	7,158	154,275		154,275		154,275			3
4	Laundry	58,313	10,250		68,563		68,563		68,563			4
5	Heat and Other Utilities			131,135	131,135		131,135		131,135			5
6	Maintenance	73,994	56,136	40,540	170,670		170,670		170,670			6
7	Other (specify):* Trash & Refuse			5,372	5,372		5,372		5,372			7
8	TOTAL General Services	517,562	303,560	207,785	1,028,907		1,028,907		1,028,907			8
	B. Health Care and Programs											
9	Medical Director			18,000	18,000		18,000		18,000			9
10	Nursing and Medical Records	2,480,466	147,212	16,743	2,644,421		2,644,421		2,644,421			10
10a	Therapy			971,505	971,505		971,505		971,505			10a
11	Activities	65,668	7,049	9,168	81,885		81,885		81,885			11
12	Social Services	168,512		1,789	170,301		170,301		170,301			12
13	CNA Training											13
14	Program Transportation			26,542	26,542		26,542		26,542			14
15	Other (specify):* H.O. Direct Care							45,215	45,215			15
16	TOTAL Health Care and Programs	2,714,646	154,261	1,043,747	3,912,654		3,912,654	45,215	3,957,869			16
	C. General Administration											
17	Administrative	141,354		422,982	564,336		564,336	102,794	667,130			17
18	Directors Fees											18
19	Professional Services			96,745	96,745		96,745	(4,531)	92,214			19
20	Dues, Fees, Subscriptions & Promotions			25,702	25,702		25,702	(2,276)	23,426			20
21	Clerical & General Office Expenses	257,244	98,893	253,081	609,218		609,218	(236,588)	372,630			21
22	Employee Benefits & Payroll Taxes			691,830	691,830		691,830	(10,385)	681,445			22
23	Inservice Training & Education											23
24	Travel and Seminar			1,305	1,305		1,305		1,305			24
25	Other Admin. Staff Transportation			125	125		125		125			25
26	Insurance-Prop.Liab.Malpractice			214,269	214,269		214,269		214,269			26
27	Other (specify):* Marketing & Adv.	56,306		24,813	81,119		81,119	(81,119)				27
28	TOTAL General Administration	454,904	98,893	1,730,852	2,284,649		2,284,649	(232,105)	2,052,544			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,687,112	556,714	2,982,384	7,226,210		7,226,210	(186,890)	7,039,320			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.

Facility Name & ID Number Cedar Ridge Hlth & Rehab Center #0042838 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			58,725	58,725		58,725	56,441	115,166			30
31	Amortization of Pre-Op. & Org.											31
32	Interest											32
33	Real Estate Taxes			91,457	91,457		91,457	854	92,311			33
34	Rent-Facility & Grounds			538,654	538,654		538,654		538,654			34
35	Rent-Equipment & Vehicles			73,337	73,337		73,337		73,337			35
36	Other (specify):* Business Taxes			263	263		263	(263)				36
37	TOTAL Ownership			762,436	762,436		762,436	57,032	819,468			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	64,036	27,346	324,379	415,761		415,761		415,761			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			273,295	273,295		273,295		273,295			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	64,036	27,346	597,674	689,056		689,056		689,056			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,751,148	584,060	4,342,494	8,677,702		8,677,702	(129,858)	8,547,844			45

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

Facility Name & ID Number Cedar Ridge Hlth & Rehab Center # 0042838 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

VI. ADJUSTMENT DETAIL

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

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
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	(2,467)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(33,232)	21		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(178,813)	21		24
25	Fund Raising, Advertising and Promotional	(76,179)	27		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(46,084)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (336,775)		$	30

BHF USE ONLY								
48		49		50		51		52	

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

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	206,917	VII-B	34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 206,917		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (129,858)		37

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

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

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			$		38
39	**Ancillary Service Centers**					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: 01/01/2018

Ending: 12/31/2018

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Independent Living	$ 0	43	1
2	Non-Allowable Benefits (Marketing & ILU)	(10,385)	22	2
3	Bank Charges	(20,158)	21	3
4	Business Taxes	(263)	36	4
5	Theft and Loss	(1,234)	21	5
6	Prior Year Expense	(3,151)	21	6
7	Nonallowable Legal Fees	(4,531)	19	7
8	Nonallowable PAC Dues	(2,276)	20	8
9	Collection Agency Fees	(4,940)	27	9
10	Real Estate Tax Accrual	854	33	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**	(46,084)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Cedar Ridge Hlth & Rehab Center # 0042838 **Report Period Beginning:** 01/01/2018 **Ending:** 12/31/2018

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
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):* **H.O. Direct Care**	0	0	0	45,215	0	0	0	0	0	0	0	45,215	15
16	**TOTAL Health Care and Programs**	0	0	0	45,215	0	0	0	0	0	0	0	45,215	16
	C. General Administration													
17	Administrative	0	0	0	102,794	0	0	0	0	0	0	0	102,794	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(4,531)	0	0	0	0	0	0	0	0	0	0	(4,531)	19
20	Fees, Subscriptions & Promotions	(2,276)	0	0	0	0	0	0	0	0	0	0	(2,276)	20
21	Clerical & General Office Expenses	(236,588)	0	0	0	0	0	0	0	0	0	0	(236,588)	21
22	Employee Benefits & Payroll Taxes	(10,385)	0	0	0	0	0	0	0	0	0	0	(10,385)	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):* **MARKETING &**	(81,119)	0	0	0	0	0	0	0	0	0	0	(81,119)	27
28	**TOTAL General Administration**	(334,899)	0	0	102,794	0	0	0	0	0	0	0	(232,105)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(334,899)	0	0	148,009	0	0	0	0	0	0	0	(186,890)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Cedar Ridge Hlth & Rehab Center # 0042838 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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

	Capital Expense D. Ownership	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)	
30	Depreciation	0	0	0	56,441	0	0	0	0	0	0	0	56,441	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(2,467)	0	0	2,467	0	0	0	0	0	0	0	0	32
33	Real Estate Taxes	854	0	0	0	0	0	0	0	0	0	0	854	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**	(263)	0	0	0	0	0	0	0	0	0	0	(263)	36
37	**TOTAL Ownership**	(1,876)	0	0	58,908	0	0	0	0	0	0	0	57,032	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	0	0	0	0	0	0	0	0	0	0	0	0	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(336,775)	0	0	206,917	0	0	0	0	0	0	0	(129,858)	45

Facility Name & ID Number Cedar Ridge Hlth & Rehab Center # 0042838 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V			$			$	$	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.

Facility Name & ID Number Cedar Ridge Hlth & Rehab Center # 0042838 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

VII. RELATED PARTIES (continued)

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Phyiscal Therapy	$ 464,531	Affirma Rehabilitation	100.00%	$ 462,112	$ (2,419)	15
16	V	39	Occupational Therapy	327,861	Affirma Rehabilitation	100.00%	329,427	1,566	16
17	V	39	Speech Therapy	178,718	Affirma Rehabilitation	100.00%	179,571	853	17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 971,110			$ 971,110	$ *	39

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

Facility Name & ID Number Cedar Ridge Hlth & Rehab Center # 0042838 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

VII. RELATED PARTIES (continued)

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	Indirect Care	$	Covenant Care California, LLC	100.00%	$ 525,776	$ 525,776	15
16	V	15	Direct Care		Covenant Care California, LLC	100.00%	45,215	45,215	16
17	V	32	Capital - Interest		Covenant Care California, LLC	100.00%	2,467	2,467	17
18	V	30	Capital - Depreciation		Covenant Care California, LLC	100.00%	56,441	56,441	18
19	V	17	Management Fees	422,982	Covenant Care California, LLC	100.00%		(422,982)	19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 422,982			$ 629,899	$ * 206,917	39

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

Facility Name & ID Number Cedar Ridge Hlth & Rehab Center # 0042838 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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 C	ALISO VIEJO, CA	MANAGEMENT C	1
2			ARBOR PLACE	CALIFORNIA	AFFIRMA REHABIL	ALISO VIEJO, CA	THERAPY	2
3			BUENA VISTA CARE CENTER, A NURSING A	CALIFORNIA				3
4			CARSON NURSING & REHAB CENTER	NEVADA				4
5			CATERED MANOR	CALIFORNIA				5
6			CLINTON HOUSE HEALTH & REHABILITAT	INDIANA				6
7			COURTYARD HEALTHCARE CENTER	CALIFORNIA				7
8			COVENANT CARE HILLTOP, LLC D/B/A HIL	CHARLESTON				8
9			COVENANT CARE JACKSONVILLE, LLC D/I	JACKSONVILLE				9
10			COVENANT CARE MEADOW MANOR, LLC I	TAYLORVILLE				10
11			COVENANT CARE MIDWEST, INC. D/B/A CE	LEBANON				11
12			COVENANT CARE SUNRISE, LLC D/B/A SUN	VIRDEN				12
13			COVINGTON MANOR	INDIANA				13
14			DOWNEY CARE	CALIFORNIA				14
15			EAGLE POINT NURSING & REHAB CENTER	IOWA				15
16			EDGEWOOD MANOR NURSING CENTER	OHIO				16
17			EMERALD GARDENS NURSING CENTER	CALIFORNIA				17
18			ENCINITAS NURSING AND REHABILITATIC	CALIFORNIA				18
19			ENNOBLE SKILLED NURSING & REHAB CE	IOWA				19
20			FAIRVIEW MANOR NURSING CENTER	OHIO				20
21			FRIENDSHIP HOME	CARLINVILLE, IL				21
22			GILROY HEALTHCARE & REHABILITATIO	CALIFORNIA				22
23			GRANT CUESTA NURSING & REHABILITAT	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 & REHABILITATIC	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: 01/01/2018 Ending: 12/31/2018

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					1
2			PACIFIC COAST MANOR					2
3			PACIFIC GARDENS NURSING & REHABILITATION CENTER					3
4			PACIFIC HILLS MANOR					4
5			PALO ALTO NURSING CENTER					5
6			ROYAL CARE SKILLED NURSING CENTER					6
7			SHORELINE CARE CENTER					7
8			SILVER HILLS HEALTH CARE CENTER					8
9			SILVER RIDGE HEALTHCARE CENTER					9
10			ST. EDNA SUBACUTE & REHABILITATION CENTER					10
11			THE RESIDENCE AT MCCORMICK'S CREEK					11
12			TURLOCK NURSING AND REHABILITATION CENTER					12
13			TURLOCK RESIDENTIAL					13
14			UNIVERSITY PARK NURSING CENTER					14
15			VALLE VISTA CONVALESCENT CENTER					15
16			VERSAILLES HEALTH CARE CENTER					16
17			VILLA GEORGETOWN					17
18			VILLA SPRINGFIELD					18
19			VINTAGE FAIRE NURSING & REHABILITATION CENTER					19
20			VINTAGE FAIRE RESIDENTIAL					20
21			WAGNER HEIGHTS NURSING & REHABILITATION CENTER					21
22			WAGNER HEIGHTS RESIDENTIAL					22
23			WALDRON HEALTH AND REHAB CENTER					23
24			WILLOW TREE NURSING & REHABILITATION CENTER					24
25			WRIGHT NURSING & REHAB CENTER (VILLA FAIRBORN)					25
26			MARION REHAB AND ASSISTED LIVING CENTER					26
27			PYRAMID POINT POST ACUTE REHABILITATION CENTER					27
28								28
29								29
30								30

Facility Name & ID Number Cedar Ridge Hlth & Rehab Center # 0042838 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

VII. RELATED PARTIES (continued)

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

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

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1									$		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: 01/01/2018 Ending: 2/31/2018

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 [X]

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

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

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	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: 01/01/2018 Ending: 2/31/2018

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization: Affirma Rehabilitation
Street Address: 27071 Aliso Creek Road
City / State / Zip Code: Aliso Viejo, CA 92656
Phone Number: (888)468-4372
Fax Number: ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	39	Phyiscal Therapy	Direct Allocation			$	$		$ 464,531	1
2	39	Occupational Therapy	Direct Allocation						327,861	2
3	39	Speech Therapy	Direct Allocation						178,718	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					$	$		$ 971,110	25

Facility Name & ID Number Cedar Ridge Hlth & Rehab Center # 0042838 Report Period Beginning: 01/01/2018 Ending: 2/31/2018

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization: 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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	Indirect Care	Accumulated Cost			$	$		$ 525,776	1
2	15	Direct Care	Accumulated Cost						45,215	2
3	32	Capital - Interest	Accumulated Cost						2,467	3
4	30	Capital - Depreciation	Accumulated Cost						56,441	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					$	$		$ 629,899	25

Facility Name & ID Number Cedar Ridge Hlth & Rehab Center # 0042838 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1							$	$			$	1
2												2
3												3
4												4
5												5
	Working Capital											
6	Allocated from Covenant Care	X									2,467	6
7												7
8												8
9	TOTAL Facility Related						$	$			$ 2,467	9
	B. Non-Facility Related*											
10	Interest Income		X								(2,467)	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (2,467)	14
15	TOTALS (line 9+line14)						$	$			$	15

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.)**

Facility Name & ID Number Cedar Ridge Hlth & Rehab Center # 0042838 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2017 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 91,758	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.)		$ 92,612	2
3. Under or (over) accrual (line 2 minus line 1).		$ 854	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 91,457	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		$ 92,311	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2013	80,154	8
	2014	83,408	9
	2015	88,162	10
	2016	91,758	11
	2017	92,612	12

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2017	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

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

2017 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 2017 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 2017.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	04-240-407-005	Long Term Care Property	$ 92,611.92	$ 92,611.92
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 92,611.92	$ 92,611.92

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 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

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

Facility Name & ID Number Cedar Ridge Hlth & Rehab Center # 0042838 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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. [X] (c) Rent from Completely Unrelated Organization.

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

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

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

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

None

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

If so, please complete the following:

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

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1				$	1
2					2
3	TOTALS			$	3

Facility Name & ID Number Cedar Ridge Hlth & Rehab Center # 0042838 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various			1993	1,680						9
10	Various			1997	11,984						10
11	Various			1998	9,288						11
12	Various			1999	18,742						12
13	Various			2000	65,946						13
14	Various			2001	33,367						14
15	Various			2002	7,958						15
16	Various			2003	55,604						16
17	Various			2004	19,577						17
18	Various			2005	9,568						18
19	Various			2006	78,307						19
20	Various			2007	23,317						20
21	Various			2008	156,305						21
22	Various			2009	53,739						22
23	Various			2010	65,386						23
24	Various			2011	21,293						24
25	Various			2012	38,807						25
26	Various			2013	70,917						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.

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

See Page 12A, Line 70 for total

Facility Name & ID Number Cedar Ridge Hlth & Rehab Center # 0042838 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			$	$		$	$	$	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 Party Allocations (Pages 12H & 12I)			56,441		56,441			67
68	Financial Statement Depreciation								68
69			92,186					818,356	69
70	TOTAL (lines 4 thru 69)		$ 833,971	$ 56,441		$ 56,441	$	$ 818,356	70

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

Facility Name & ID Number Cedar Ridge Hlth & Rehab Center # 0042838 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 833,971	$ 56,441		$ 56,441	$	$ 818,356	1
2	Rebuilt Backflow Device	2014	3,891	195		195		779	2
3	5 Ton Ac Unit	2014	2,850	143		143		571	3
4	Fire Alarm System & Control Panel	2014	9,520	476		476		1,904	4
5	51 Light Fixtures-Lighting, All Corridors	2014	12,980	649		649		2,596	5
6	Corridor Flooring Materials	2014	43,278	2,164		2,164		8,656	6
7	Corridors - Demolition/New Flooring/Drywall	2015	103,434	5,172		5,172		15,515	7
8	Door Alarm System	2015	18,615	931		931		2,793	8
9	Repair Fire Sprinkler For Shed	2016	9,721	486		486		972	9
10	1 Wardrobe, 1 Bedside Cabinet	2017	721	120		120	0	120	10
11	1 Wardrobe, 1 Bedside Cabinet	2017	721	120		120	0	120	11
12	4 Bedside Cabinets	2017	721	53		53	(0)	53	12
13	Gas Furnace Replacement	2017	5,325	399		399		399	13
14	Garbage Disposal	2017	1,122	53		53	0	53	14
15	Replace 35 Smoke Detectors	2017	6,024	215		215	0	215	15
16	2 PTAC Units	2018	1,054	96		96	(0)	96	16
17	2 PTAC Units	2018	1,317	63		63	(0)	63	17
18	Gemini Coffee Brewing System	2018	2,177	73		73	(0)	73	18
19	Joerns Bed Purchase	2018	3,233						19
20		2018							20
21	Depreciation and Accumulated Depreciation			(404)		(404)		44,946	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)		$ 1,060,674	$ 67,445		$ 67,445	$ (0)	$ 898,280	34

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

Facility Name & ID Number Cedar Ridge Hlth & Rehab Center # 0042838 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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	$ 70,910	$ 45,751	$ 45,751	$		$ 572,807	71
72	Current Year Purchases	16,535	399	399			399	72
73	Fully Depreciated Assets	531,155						73
74								74
75	TOTALS	$ 618,599	$ 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	$	$	$		$ 35,966	76
77		2005 Ford Van	2010	15,000					15,000	77
78		2012 Goshen Bus	2016	10,995	1,571	1,571			7,721	78
79										79
80	TOTALS			$ 61,961	$ 1,571	$ 1,571	$		$ 58,687	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)	$ 1,741,235	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 115,166	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 115,166	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (0)	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 1,530,173	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: 01/01/2018 Ending: 12/31/2018

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. [X] 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		$ 538,654			3
4	Additions							4
5								5
6								6
7	TOTAL		116		$ 538,654 **			7

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

9. Option to Buy: [ ] YES [ ] NO Terms: *

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.	/2018	$
13.	/2019	$
14.	/2020	$

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

15. Is Movable equipment rental included in building rental? [ ] YES [X] NO
16. Rental Amount for movable equipment: $ 73,337 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 SUPPLEMENTA

Company	Locn	Dept	Account	Journal_Description	Amount	Month	Year	JournalNumber	ApplyDate
CCMIDWST	030	8200	60000620	ACCELERATED CARE PLUS - 099	1,337.00	12	2018	JRNL00200922	12/25/18
CCMIDWST	030	8200	60000620	ACCELERATED CARE PLUS - 099	1,337.00	11	2018	JRNL00200355	11/25/18
CCMIDWST	030	8200	60000620	ACCELERATED CARE PLUS - 099	1,337.00	10	2018	JRNL00199656	10/25/18
CCMIDWST	030	8200	60000620	ACCELERATED CARE PLUS - 099	1,337.00	9	2018	JRNL00198985	09/25/18
CCMIDWST	030	8200	60000620	ACCELERATED CARE PLUS - 099	1,337.00	8	2018	JRNL00198144	08/25/18
CCMIDWST	030	8200	60000620	ACCELERATED CARE PLUS - 099	1,337.00	7	2018	JRNL00197317	07/25/18
CCMIDWST	030	8200	60000620	ACCELERATED CARE PLUS - 099	1,337.00	6	2018	JRNL00196399	06/25/18
CCMIDWST	030	8200	60000620	ACCELERATED CARE PLUS - 099	1,372.80	5	2018	JRNL00195523	05/25/18
CCMIDWST	030	8200	60000620	ACCELERATED CARE PLUS - 099	1,707.00	4	2018	JRNL00194649	04/25/18
CCMIDWST	030	8200	60000620	ACCELERATED CARE PLUS - 099	1,707.00	3	2018	JRNL00193888	03/25/18
CCMIDWST	030	8200	60000620	ACCELERATED CARE PLUS - 099	1,707.00	2	2018	JRNL00193017	02/25/18
CCMIDWST	030	8200	60000620	ACCELERATED CARE PLUS - 099	1,707.00	1	2018	JRNL00192209	01/25/18
CCMIDWST	030	8131	60000620	SPECIALIZED MEDICAL SERVICES - 030	917.62	12	2018	JRNL00201053	12/31/18
CCMIDWST	030	8131	60000620	SPECIALIZED MEDICAL SERVICES - 030	528.67	11	2018	JRNL00200523	11/30/18
CCMIDWST	030	8131	60000620	SPECIALIZED MEDICAL SERVICES - 030	865.95	10	2018	JRNL00200022	10/31/18
CCMIDWST	030	8131	60000620	SPECIALIZED MEDICAL SERVICES - 030	828.23	9	2018	JRNL00199110	09/30/18
CCMIDWST	030	8131	60000620	SPECIALIZED MEDICAL SERVICES - 030	81.81	9	2018	JRNL00198805	09/14/18
CCMIDWST	030	8131	60000620	SPECIALIZED MEDICAL SERVICES - 030	1,212.66	8	2018	JRNL00198577	08/31/18
CCMIDWST	030	8131	60000620	SPECIALIZED MEDICAL SERVICES - 030	923.32	7	2018	JRNL00197612	07/31/18
CCMIDWST	030	8131	60000620	SPECIALIZED MEDICAL SERVICES - 030	1,024.47	6	2018	JRNL00196686	06/30/18
CCMIDWST	030	8131	60000620	SPECIALIZED MEDICAL SERVICES - 030	1,079.76	5	2018	JRNL00195832	05/31/18
CCMIDWST	030	8131	60000620	SPECIALIZED MEDICAL SERVICES - 030	127.77	4	2018	JRNL00195038	04/30/18
CCMIDWST	030	8131	60000620	SPECIALIZED MEDICAL SERVICES - 030	1,314.84	4	2018	JRNL00194966	04/30/18
CCMIDWST	030	8131	60000620	SPECIALIZED MEDICAL SERVICES - 030	1,328.65	3	2018	JRNL00194161	03/31/18
CCMIDWST	030	8131	60000620	SPECIALIZED MEDICAL SERVICES - 030	1,592.95	2	2018	JRNL00193274	02/28/18
CCMIDWST	030	8131	60000620	SPECIALIZED MEDICAL SERVICES - 030	936.55	1	2018	JRNL00192863	01/31/18
CCMIDWST	030	8131	60000620	LINCARE - 030	85.83	1	2018	JRNL00192387	01/31/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	165.00	12	2018	JRNL00200794	12/10/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	165.00	12	2018	JRNL00200794	12/10/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	165.00	12	2018	JRNL00200794	12/10/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	105.00	12	2018	JRNL00200794	12/10/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	137.50	12	2018	JRNL00200794	12/10/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	165.00	12	2018	JRNL00200794	12/10/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	170.50	11	2018	JRNL00200392	11/12/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	170.50	11	2018	JRNL00200392	11/12/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	420.00	11	2018	JRNL00200392	11/12/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	170.50	11	2018	JRNL00200392	11/12/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	(170.50)	11	2018	JRNL00200392	11/12/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	170.50	11	2018	JRNL00200392	11/12/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	170.50	11	2018	JRNL00200392	11/12/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	137.50	10	2018	JRNL00199726	10/08/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	165.00	10	2018	JRNL00199726	10/08/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	165.00	10	2018	JRNL00199726	10/08/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	(165.00)	10	2018	JRNL00199726	10/08/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	165.00	10	2018	JRNL00199726	10/08/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	165.00	10	2018	JRNL00199726	10/08/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	165.00	10	2018	JRNL00199726	10/08/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	165.00	9	2018	JRNL00198716	09/10/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	170.50	9	2018	JRNL00198716	09/10/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	170.50	9	2018	JRNL00198716	09/10/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	170.50	9	2018	JRNL00198716	09/10/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	38.50	9	2018	JRNL00198716	09/10/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	170.50	9	2018	JRNL00198716	09/10/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	82.50	9	2018	JRNL00198716	09/10/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	170.50	9	2018	JRNL00198716	09/10/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	(170.50)	9	2018	JRNL00198716	09/10/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	170.50	8	2018	JRNL00197975	08/06/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	170.50	8	2018	JRNL00197975	08/06/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	(170.50)	8	2018	JRNL00197975	08/06/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	126.50	8	2018	JRNL00197975	08/06/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	132.00	8	2018	JRNL00197975	08/06/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	82.50	8	2018	JRNL00197975	08/06/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	132.00	8	2018	JRNL00197975	08/06/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	170.50	8	2018	JRNL00197975	08/06/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	126.50	8	2018	JRNL00197975	08/06/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	27.50	8	2018	JRNL00197975	08/06/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	49.50	8	2018	JRNL00197975	08/06/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	170.50	8	2018	JRNL00197975	08/06/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	110.00	8	2018	JRNL00197975	08/06/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	170.50	8	2018	JRNL00197975	08/06/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	33.00	8	2018	JRNL00197975	08/06/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	165.00	7	2018	JRNL00196994	07/09/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	165.00	7	2018	JRNL00196994	07/09/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	71.50	7	2018	JRNL00196994	07/09/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	165.00	7	2018	JRNL00196994	07/09/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	16.50	7	2018	JRNL00196994	07/09/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	(165.00)	7	2018	JRNL00196994	07/09/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	165.00	7	2018	JRNL00196994	07/09/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	165.00	7	2018	JRNL00196994	07/09/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	165.00	7	2018	JRNL00196994	07/09/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	165.00	7	2018	JRNL00196994	07/09/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	44.00	7	2018	JRNL00196994	07/09/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	165.00	7	2018	JRNL00196994	07/09/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	170.50	6	2018	JRNL00196286	06/11/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	(170.50)	6	2018	JRNL00196286	06/11/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	170.50	6	2018	JRNL00196286	06/11/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	170.50	6	2018	JRNL00196286	06/11/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	170.50	6	2018	JRNL00196286	06/11/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	170.50	6	2018	JRNL00196286	06/11/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	170.50	6	2018	JRNL00196286	06/11/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	49.50	6	2018	JRNL00196286	06/11/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	170.50	6	2018	JRNL00196286	06/11/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	170.50	6	2018	JRNL00196286	06/11/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	(165.00)	5	2018	JRNL00195372	05/07/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	165.00	5	2018	JRNL00195372	05/07/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	165.00	5	2018	JRNL00195372	05/07/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	121.00	5	2018	JRNL00195372	05/07/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	165.00	5	2018	JRNL00195372	05/07/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	121.00	5	2018	JRNL00195372	05/07/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	165.00	5	2018	JRNL00195372	05/07/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	60.50	5	2018	JRNL00195372	05/07/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	22.00	5	2018	JRNL00195372	05/07/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	143.00	5	2018	JRNL00195372	05/07/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	55.00	5	2018	JRNL00195372	05/07/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	420.00	5	2018	JRNL00195372	05/07/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	420.00	5	2018	JRNL00195372	05/07/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	148.50	5	2018	JRNL00195372	05/07/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	165.00	5	2018	JRNL00195372	05/07/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	170.50	4	2018	JRNL00194561	04/09/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	420.00	4	2018	JRNL00194561	04/09/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	170.50	4	2018	JRNL00194561	04/09/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	11.00	4	2018	JRNL00194561	04/09/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	(170.50)	4	2018	JRNL00194561	04/09/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	170.50	4	2018	JRNL00194561	04/09/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	168.00	4	2018	JRNL00194561	04/09/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	170.50	4	2018	JRNL00194561	04/09/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	71.50	4	2018	JRNL00194561	04/09/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	170.50	4	2018	JRNL00194561	04/09/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	170.50	4	2018	JRNL00194561	04/09/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	22.00	4	2018	JRNL00194561	04/09/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	22.00	4	2018	JRNL00194561	04/09/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	170.50	4	2018	JRNL00194561	04/09/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	11.00	4	2018	JRNL00194561	04/09/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	(154.00)	3	2018	JRNL00193911	03/05/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	154.00	3	2018	JRNL00193911	03/05/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	154.00	3	2018	JRNL00193911	03/05/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	154.00	3	2018	JRNL00193911	03/05/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	11.00	3	2018	JRNL00193911	03/05/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	11.00	3	2018	JRNL00193911	03/05/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	154.00	3	2018	JRNL00193911	03/05/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	11.00	3	2018	JRNL00193911	03/05/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	148.50	3	2018	JRNL00193911	03/05/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	154.00	3	2018	JRNL00193911	03/05/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	170.50	2	2018	JRNL00193198	02/05/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	71.50	2	2018	JRNL00193198	02/05/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	(170.50)	2	2018	JRNL00193198	02/05/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	121.00	2	2018	JRNL00193198	02/05/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	5.50	2	2018	JRNL00193198	02/05/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	170.50	2	2018	JRNL00193198	02/05/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	132.00	2	2018	JRNL00193198	02/05/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	462.00	1	2018	JRNL00192225	01/08/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	110.00	1	2018	JRNL00192225	01/08/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	82.50	1	2018	JRNL00192225	01/08/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	170.50	1	2018	JRNL00192225	01/08/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	60.50	1	2018	JRNL00192225	01/08/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	(77.00)	1	2018	JRNL00192225	01/08/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	170.50	1	2018	JRNL00192225	01/08/18
CCMIDWST	030	8131	60000620	ISAVE - JOERNS - 099	38.50	1	2018	JRNL00192225	01/08/18
CCMIDWST	030	8131	60000620	CR-SMS Q3/18 rebate	(120.91)	11	2018	JRNL00200623	11/30/18
CCMIDWST	030	8131	60000620	CR-SMS Q2/18 rebate	(117.31)	9	2018	JRNL00199305	09/30/18
CCMIDWST	030	8131	60000620	CR-SMS Q1/18 rebate	(176.65)	6	2018	JRNL00196905	06/30/18
CCMIDWST	030	8131	60000620	CR- Joerns 4Q17 Rebate	(279.31)	2	2018	JRNL00193778	02/28/18
CCMIDWST	030	8131	60000620	CR- Joerns 2Q18 Rebate	(251.46)	11	2018	JRNL00200677	11/30/18
CCMIDWST	030	8131	60000620	CR- Joerns 1Q18 Rebate	(174.51)	5	2018	JRNL00196045	05/31/18
CCMIDWST	030	8131	60000620	Accr Equipment Rental Exp 11/18	(902.50)	12	2018	JRNL00200863	12/31/18
CCMIDWST	030	8131	60000620	Accr Equipment Rental Exp 11/18	902.50	11	2018	JRNL00200714	11/30/18
CCMIDWST	030	8131	60000620	Acc 9/18 ISV Joerns-0095571091-01	(137.50)	10	2018	JRNL00199692	10/31/18
CCMIDWST	030	8131	60000620	Acc 9/18 ISV Joerns-0095571091-01	137.50	9	2018	JRNL00199289	09/30/18
CCMIDWST	030	8131	60000620	Acc 9/18 ISV Joerns-0095571075-01	(165.00)	10	2018	JRNL00199692	10/31/18
CCMIDWST	030	8131	60000620	Acc 9/18 ISV Joerns-0095571075-01	165.00	9	2018	JRNL00199289	09/30/18
CCMIDWST	030	8131	60000620	Acc 9/18 ISV Joerns-0095571072-01	(165.00)	10	2018	JRNL00199692	10/31/18
CCMIDWST	030	8131	60000620	Acc 9/18 ISV Joerns-0095571072-01	165.00	9	2018	JRNL00199289	09/30/18
CCMIDWST	030	8131	60000620	Acc 9/18 ISV Joerns-0095571021-01	(165.00)	10	2018	JRNL00199692	10/31/18
CCMIDWST	030	8131	60000620	Acc 9/18 ISV Joerns-0095571021-01	165.00	9	2018	JRNL00199289	09/30/18
CCMIDWST	030	8131	60000620	Acc 9/18 ISV Joerns-0095571009-01	(165.00)	10	2018	JRNL00199692	10/31/18
CCMIDWST	030	8131	60000620	Acc 9/18 ISV Joerns-0095571009-01	165.00	9	2018	JRNL00199289	09/30/18
CCMIDWST	030	8131	60000620	Acc 9/18 ISV Joerns-0095570992-02	165.00	10	2018	JRNL00199692	10/31/18
CCMIDWST	030	8131	60000620	Acc 9/18 ISV Joerns-0095570992-02	(165.00)	9	2018	JRNL00199289	09/30/18
CCMIDWST	030	8131	60000620	Acc 9/18 ISV Joerns-0095570992-01	(165.00)	10	2018	JRNL00199692	10/31/18
CCMIDWST	030	8131	60000620	Acc 9/18 ISV Joerns-0095570992-01	165.00	9	2018	JRNL00199289	09/30/18
CCMIDWST	030	8131	60000620	Acc 8/18 ISV Joerns-0095525348-01	(82.50)	9	2018	JRNL00199004	09/30/18
CCMIDWST	030	8131	60000620	Acc 8/18 ISV Joerns-0095525348-01	82.50	8	2018	JRNL00198465	08/31/18
CCMIDWST	030	8131	60000620	Acc 8/18 ISV Joerns-0095525315-01	(170.50)	9	2018	JRNL00199004	09/30/18
CCMIDWST	030	8131	60000620	Acc 8/18 ISV Joerns-0095525315-01	170.50	8	2018	JRNL00198465	08/31/18
CCMIDWST	030	8131	60000620	Acc 8/18 ISV Joerns-0095525312-01	(170.50)	9	2018	JRNL00199004	09/30/18
CCMIDWST	030	8131	60000620	Acc 8/18 ISV Joerns-0095525312-01	170.50	8	2018	JRNL00198465	08/31/18
CCMIDWST	030	8131	60000620	Acc 8/18 ISV Joerns-0095525306-01	(38.50)	9	2018	JRNL00199004	09/30/18
CCMIDWST	030	8131	60000620	Acc 8/18 ISV Joerns-0095525306-01	38.50	8	2018	JRNL00198465	08/31/18
CCMIDWST	030	8131	60000620	Acc 8/18 ISV Joerns-0095525290-02	170.50	9	2018	JRNL00199004	09/30/18
CCMIDWST	030	8131	60000620	Acc 8/18 ISV Joerns-0095525290-02	(170.50)	8	2018	JRNL00198465	08/31/18
CCMIDWST	030	8131	60000620	Acc 8/18 ISV Joerns-0095525290-01	(170.50)	9	2018	JRNL00199004	09/30/18
CCMIDWST	030	8131	60000620	Acc 8/18 ISV Joerns-0095525290-01	170.50	8	2018	JRNL00198465	08/31/18
CCMIDWST	030	8131	60000620	Acc 8/18 ISV Joerns-0095525288-01	(165.00)	9	2018	JRNL00199004	09/30/18
CCMIDWST	030	8131	60000620	Acc 8/18 ISV Joerns-0095525288-01	165.00	8	2018	JRNL00198465	08/31/18
CCMIDWST	030	8131	60000620	Acc 8/18 ISV Joerns-0095525275-01	(170.50)	9	2018	JRNL00199004	09/30/18
CCMIDWST	030	8131	60000620	Acc 8/18 ISV Joerns-0095525275-01	170.50	8	2018	JRNL00198465	08/31/18
CCMIDWST	030	8131	60000620	Acc 8/18 ISV Joerns-0095525266-01	(170.50)	9	2018	JRNL00199004	09/30/18
CCMIDWST	030	8131	60000620	Acc 8/18 ISV Joerns-0095525266-01	170.50	8	2018	JRNL00198465	08/31/18
CCMIDWST	030	8131	60000620	Acc 7/18 Joerns Inv95474905	(49.50)	8	2018	JRNL00198272	08/31/18
CCMIDWST	030	8131	60000620	Acc 7/18 Joerns Inv95474905	49.50	7	2018	JRNL00197557	07/31/18
CCMIDWST	030	8131	60000620	Acc 7/18 Joerns Inv95474904	(126.50)	8	2018	JRNL00198272	08/31/18
CCMIDWST	030	8131	60000620	Acc 7/18 Joerns Inv95474904	126.50	7	2018	JRNL00197557	07/31/18
CCMIDWST	030	8131	60000620	Acc 7/18 Joerns Inv95474903	(126.50)	8	2018	JRNL00198272	08/31/18
CCMIDWST	030	8131	60000620	Acc 7/18 Joerns Inv95474903	126.50	7	2018	JRNL00197557	07/31/18
CCMIDWST	030	8131	60000620	Acc 7/18 Joerns Inv95474902	(82.50)	8	2018	JRNL00198272	08/31/18
CCMIDWST	030	8131	60000620	Acc 7/18 Joerns Inv95474902	82.50	7	2018	JRNL00197557	07/31/18
CCMIDWST	030	8131	60000620	Acc 7/18 Joerns Inv95474901	(33.00)	8	2018	JRNL00198272	08/31/18
CCMIDWST	030	8131	60000620	Acc 7/18 Joerns Inv95474901	33.00	7	2018	JRNL00197557	07/31/18
CCMIDWST	030	8131	60000620	Acc 7/18 Joerns Inv95474900	(170.50)	8	2018	JRNL00198272	08/31/18
CCMIDWST	030	8131	60000620	Acc 7/18 Joerns Inv95474900	170.50	7	2018	JRNL00197557	07/31/18
CCMIDWST	030	8131	60000620	Acc 7/18 Joerns Inv95474899	(110.00)	8	2018	JRNL00198272	08/31/18
CCMIDWST	030	8131	60000620	Acc 7/18 Joerns Inv95474899	110.00	7	2018	JRNL00197557	07/31/18
CCMIDWST	030	8131	60000620	Acc 7/18 Joerns Inv95474898	(170.50)	8	2018	JRNL00198272	08/31/18
CCMIDWST	030	8131	60000620	Acc 7/18 Joerns Inv95474898	170.50	7	2018	JRNL00197557	07/31/18
CCMIDWST	030	8131	60000620	Acc 7/18 Joerns Inv95474897	(170.50)	8	2018	JRNL00198272	08/31/18
CCMIDWST	030	8131	60000620	Acc 7/18 Joerns Inv95474897	170.50	7	2018	JRNL00197557	07/31/18
CCMIDWST	030	8131	60000620	Acc 7/18 Joerns Inv95474896	(170.50)	8	2018	JRNL00198272	08/31/18
CCMIDWST	030	8131	60000620	Acc 7/18 Joerns Inv95474896	170.50	7	2018	JRNL00197557	07/31/18
CCMIDWST	030	8131	60000620	Acc 7/18 Joerns Inv95474895	(132.00)	8	2018	JRNL00198272	08/31/18
CCMIDWST	030	8131	60000620	Acc 7/18 Joerns Inv95474895	132.00	7	2018	JRNL00197557	07/31/18
CCMIDWST	030	8131	60000620	Acc 7/18 Joerns Inv95474893	(132.00)	8	2018	JRNL00198272	08/31/18
CCMIDWST	030	8131	60000620	Acc 7/18 Joerns Inv95474893	132.00	7	2018	JRNL00197557	07/31/18
CCMIDWST	030	8131	60000620	Acc 7/18 Joerns Inv95474892	(27.50)	8	2018	JRNL00198272	08/31/18
CCMIDWST	030	8131	60000620	Acc 7/18 Joerns Inv95474892	27.50	7	2018	JRNL00197557	07/31/18
CCMIDWST	030	8131	60000620	Acc 6/18 ISV Joerns-0095435489-02	165.00	7	2018	JRNL00197370	07/31/18
CCMIDWST	030	8131	60000620	Acc 6/18 ISV Joerns-0095435489-02	(165.00)	6	2018	JRNL00196741	06/30/18
CCMIDWST	030	8131	60000620	Acc 6/18 ISV Joerns-0095435489-01	(165.00)	7	2018	JRNL00197370	07/31/18
CCMIDWST	030	8131	60000620	Acc 6/18 ISV Joerns-0095435489-01	165.00	6	2018	JRNL00196741	06/30/18
CCMIDWST	030	8131	60000620	Acc 6/18 ISV Joerns-0095435488-01	(165.00)	7	2018	JRNL00197370	07/31/18
CCMIDWST	030	8131	60000620	Acc 6/18 ISV Joerns-0095435488-01	165.00	6	2018	JRNL00196741	06/30/18
CCMIDWST	030	8131	60000620	Acc 6/18 ISV Joerns-0095435484-01	(165.00)	7	2018	JRNL00197370	07/31/18
CCMIDWST	030	8131	60000620	Acc 6/18 ISV Joerns-0095435484-01	165.00	6	2018	JRNL00196741	06/30/18
CCMIDWST	030	8131	60000620	Acc 6/18 ISV Joerns-0095435483-01	(165.00)	7	2018	JRNL00197370	07/31/18
CCMIDWST	030	8131	60000620	Acc 6/18 ISV Joerns-0095435483-01	165.00	6	2018	JRNL00196741	06/30/18
CCMIDWST	030	8131	60000620	Acc 6/18 ISV Joerns-0095435477-01	(165.00)	7	2018	JRNL00197370	07/31/18
CCMIDWST	030	8131	60000620	Acc 6/18 ISV Joerns-0095435477-01	165.00	6	2018	JRNL00196741	06/30/18
CCMIDWST	030	8131	60000620	Acc 6/18 ISV Joerns-0095435476-01	(165.00)	7	2018	JRNL00197370	07/31/18
CCMIDWST	030	8131	60000620	Acc 6/18 ISV Joerns-0095435476-01	165.00	6	2018	JRNL00196741	06/30/18
CCMIDWST	030	8131	60000620	Acc 6/18 ISV Joerns-0095435474-01	(165.00)	7	2018	JRNL00197370	07/31/18
CCMIDWST	030	8131	60000620	Acc 6/18 ISV Joerns-0095435474-01	165.00	6	2018	JRNL00196741	06/30/18
CCMIDWST	030	8131	60000620	Acc 6/18 ISV Joerns-0095435469-01	(165.00)	7	2018	JRNL00197370	07/31/18
CCMIDWST	030	8131	60000620	Acc 6/18 ISV Joerns-0095435469-01	165.00	6	2018	JRNL00196741	06/30/18
CCMIDWST	030	8131	60000620	Acc 6/18 ISV Joerns-0095435462-01	(16.50)	7	2018	JRNL00197370	07/31/18
CCMIDWST	030	8131	60000620	Acc 6/18 ISV Joerns-0095435462-01	16.50	6	2018	JRNL00196741	06/30/18
CCMIDWST	030	8131	60000620	Acc 6/18 ISV Joerns-0095435451-01	(71.50)	7	2018	JRNL00197370	07/31/18
CCMIDWST	030	8131	60000620	Acc 6/18 ISV Joerns-0095435451-01	71.50	6	2018	JRNL00196741	06/30/18
CCMIDWST	030	8131	60000620	Acc 6/18 ISV Joerns-0095435449-01	(44.00)	7	2018	JRNL00197370	07/31/18
CCMIDWST	030	8131	60000620	Acc 6/18 ISV Joerns-0095435449-01	44.00	6	2018	JRNL00196741	06/30/18
CCMIDWST	030	8131	60000620	Acc 5/18 ISV Joerns-0095395484-01	(49.50)	6	2018	JRNL00196467	06/30/18
CCMIDWST	030	8131	60000620	Acc 5/18 ISV Joerns-0095395484-01	49.50	5	2018	JRNL00195829	05/31/18
CCMIDWST	030	8131	60000620	Acc 5/18 ISV Joerns-0095395329-01	(170.50)	6	2018	JRNL00196467	06/30/18
CCMIDWST	030	8131	60000620	Acc 5/18 ISV Joerns-0095395329-01	170.50	5	2018	JRNL00195829	05/31/18
CCMIDWST	030	8131	60000620	Acc 5/18 ISV Joerns-0095395186-01	(170.50)	6	2018	JRNL00196467	06/30/18
CCMIDWST	030	8131	60000620	Acc 5/18 ISV Joerns-0095395186-01	170.50	5	2018	JRNL00195829	05/31/18
CCMIDWST	030	8131	60000620	Acc 5/18 ISV Joerns-0095395124-01	(170.50)	6	2018	JRNL00196467	06/30/18
CCMIDWST	030	8131	60000620	Acc 5/18 ISV Joerns-0095395124-01	170.50	5	2018	JRNL00195829	05/31/18
CCMIDWST	030	8131	60000620	Acc 5/18 ISV Joerns-0095395111-02	170.50	6	2018	JRNL00196467	06/30/18
CCMIDWST	030	8131	60000620	Acc 5/18 ISV Joerns-0095395111-02	(170.50)	5	2018	JRNL00195829	05/31/18
CCMIDWST	030	8131	60000620	Acc 5/18 ISV Joerns-0095395111-01	(170.50)	6	2018	JRNL00196467	06/30/18
CCMIDWST	030	8131	60000620	Acc 5/18 ISV Joerns-0095395111-01	170.50	5	2018	JRNL00195829	05/31/18
CCMIDWST	030	8131	60000620	Acc 5/18 ISV Joerns-0095395074-01	(170.50)	6	2018	JRNL00196467	06/30/18
CCMIDWST	030	8131	60000620	Acc 5/18 ISV Joerns-0095395074-01	170.50	5	2018	JRNL00195829	05/31/18
CCMIDWST	030	8131	60000620	Acc 5/18 ISV Joerns-0095395029-01	(170.50)	6	2018	JRNL00196467	06/30/18
CCMIDWST	030	8131	60000620	Acc 5/18 ISV Joerns-0095395029-01	170.50	5	2018	JRNL00195829	05/31/18
CCMIDWST	030	8131	60000620	Acc 5/18 ISV Joerns-0095395010-01	(170.50)	6	2018	JRNL00196467	06/30/18
CCMIDWST	030	8131	60000620	Acc 5/18 ISV Joerns-0095395010-01	170.50	5	2018	JRNL00195829	05/31/18
CCMIDWST	030	8131	60000620	Acc 5/18 ISV Joerns-0095395003-01	(170.50)	6	2018	JRNL00196467	06/30/18
CCMIDWST	030	8131	60000620	Acc 5/18 ISV Joerns-0095395003-01	170.50	5	2018	JRNL00195829	05/31/18
CCMIDWST	030	8131	60000620	Acc 4/18 ISV Joerns-0095354751-02	165.00	5	2018	JRNL00195632	05/31/18
CCMIDWST	030	8131	60000620	Acc 4/18 ISV Joerns-0095354751-02	(165.00)	4	2018	JRNL00195151	04/30/18
CCMIDWST	030	8131	60000620	Acc 4/18 ISV Joerns-0095354751-01	(165.00)	5	2018	JRNL00195632	05/31/18
CCMIDWST	030	8131	60000620	Acc 4/18 ISV Joerns-0095354751-01	165.00	4	2018	JRNL00195151	04/30/18
CCMIDWST	030	8131	60000620	Acc 4/18 ISV Joerns-0095354716-01	(60.50)	5	2018	JRNL00195632	05/31/18
CCMIDWST	030	8131	60000620	Acc 4/18 ISV Joerns-0095354716-01	60.50	4	2018	JRNL00195151	04/30/18
CCMIDWST	030	8131	60000620	Acc 4/18 ISV Joerns-0095354652-01	(121.00)	5	2018	JRNL00195632	05/31/18
CCMIDWST	030	8131	60000620	Acc 4/18 ISV Joerns-0095354652-01	121.00	4	2018	JRNL00195151	04/30/18
CCMIDWST	030	8131	60000620	Acc 4/18 ISV Joerns-0095354648-01	(121.00)	5	2018	JRNL00195632	05/31/18
CCMIDWST	030	8131	60000620	Acc 4/18 ISV Joerns-0095354648-01	121.00	4	2018	JRNL00195151	04/30/18
CCMIDWST	030	8131	60000620	Acc 4/18 ISV Joerns-0095354583-01	(165.00)	5	2018	JRNL00195632	05/31/18
CCMIDWST	030	8131	60000620	Acc 4/18 ISV Joerns-0095354583-01	165.00	4	2018	JRNL00195151	04/30/18
CCMIDWST	030	8131	60000620	Acc 4/18 ISV Joerns-0095354548-01	(143.00)	5	2018	JRNL00195632	05/31/18
CCMIDWST	030	8131	60000620	Acc 4/18 ISV Joerns-0095354548-01	143.00	4	2018	JRNL00195151	04/30/18
CCMIDWST	030	8131	60000620	Acc 4/18 ISV Joerns-0095354435-01	(22.00)	5	2018	JRNL00195632	05/31/18
CCMIDWST	030	8131	60000620	Acc 4/18 ISV Joerns-0095354435-01	22.00	4	2018	JRNL00195151	04/30/18
CCMIDWST	030	8131	60000620	Acc 4/18 ISV Joerns-0095354407-01	(420.00)	5	2018	JRNL00195632	05/31/18
CCMIDWST	030	8131	60000620	Acc 4/18 ISV Joerns-0095354407-01	420.00	4	2018	JRNL00195151	04/30/18
CCMIDWST	030	8131	60000620	Acc 4/18 ISV Joerns-0095354393-01	(55.00)	5	2018	JRNL00195632	05/31/18
CCMIDWST	030	8131	60000620	Acc 4/18 ISV Joerns-0095354393-01	55.00	4	2018	JRNL00195151	04/30/18
CCMIDWST	030	8131	60000620	Acc 4/18 ISV Joerns-0095354383-01	(148.50)	5	2018	JRNL00195632	05/31/18
CCMIDWST	030	8131	60000620	Acc 4/18 ISV Joerns-0095354383-01	148.50	4	2018	JRNL00195151	04/30/18
CCMIDWST	030	8131	60000620	Acc 4/18 ISV Joerns-0095354344-01	(165.00)	5	2018	JRNL00195632	05/31/18
CCMIDWST	030	8131	60000620	Acc 4/18 ISV Joerns-0095354344-01	165.00	4	2018	JRNL00195151	04/30/18
CCMIDWST	030	8131	60000620	Acc 4/18 ISV Joerns-0095354334-01	(165.00)	5	2018	JRNL00195632	05/31/18
CCMIDWST	030	8131	60000620	Acc 4/18 ISV Joerns-0095354334-01	165.00	4	2018	JRNL00195151	04/30/18
CCMIDWST	030	8131	60000620	Acc 4/18 ISV Joerns-0095354313-01	(165.00)	5	2018	JRNL00195632	05/31/18
CCMIDWST	030	8131	60000620	Acc 4/18 ISV Joerns-0095354313-01	165.00	4	2018	JRNL00195151	04/30/18
CCMIDWST	030	8131	60000620	Acc 4/18 ISV Joerns-0095354295-01	(420.00)	5	2018	JRNL00195632	05/31/18
CCMIDWST	030	8131	60000620	Acc 4/18 ISV Joerns-0095354295-01	420.00	4	2018	JRNL00195151	04/30/18
CCMIDWST	030	8131	60000620	Acc 3/18 Joerns-0095313748-01	(22.00)	4	2018	JRNL00194893	04/30/18
CCMIDWST	030	8131	60000620	Acc 3/18 Joerns-0095313748-01	22.00	3	2018	JRNL00194269	03/31/18
CCMIDWST	030	8131	60000620	Acc 3/18 Joerns-0095313747-01	(168.00)	4	2018	JRNL00194893	04/30/18
CCMIDWST	030	8131	60000620	Acc 3/18 Joerns-0095313747-01	168.00	3	2018	JRNL00194269	03/31/18
CCMIDWST	030	8131	60000620	Acc 3/18 Joerns-0095313746-01	(22.00)	4	2018	JRNL00194893	04/30/18
CCMIDWST	030	8131	60000620	Acc 3/18 Joerns-0095313746-01	22.00	3	2018	JRNL00194269	03/31/18
CCMIDWST	030	8131	60000620	Acc 3/18 Joerns-0095313745-01	(420.00)	4	2018	JRNL00194893	04/30/18
CCMIDWST	030	8131	60000620	Acc 3/18 Joerns-0095313745-01	420.00	3	2018	JRNL00194269	03/31/18
CCMIDWST	030	8131	60000620	Acc 3/18 Joerns-0095313744-01	(170.50)	4	2018	JRNL00194893	04/30/18
CCMIDWST	030	8131	60000620	Acc 3/18 Joerns-0095313744-01	170.50	3	2018	JRNL00194269	03/31/18
CCMIDWST	030	8131	60000620	Acc 3/18 Joerns-0095313743-01	(170.50)	4	2018	JRNL00194893	04/30/18
CCMIDWST	030	8131	60000620	Acc 3/18 Joerns-0095313743-01	170.50	3	2018	JRNL00194269	03/31/18
CCMIDWST	030	8131	60000620	Acc 3/18 Joerns-0095313742-01	(71.50)	4	2018	JRNL00194893	04/30/18
CCMIDWST	030	8131	60000620	Acc 3/18 Joerns-0095313742-01	71.50	3	2018	JRNL00194269	03/31/18
CCMIDWST	030	8131	60000620	Acc 3/18 Joerns-0095313741-02	170.50	4	2018	JRNL00194893	04/30/18
CCMIDWST	030	8131	60000620	Acc 3/18 Joerns-0095313741-02	(170.50)	3	2018	JRNL00194269	03/31/18
CCMIDWST	030	8131	60000620	Acc 3/18 Joerns-0095313741-01	(170.50)	4	2018	JRNL00194893	04/30/18
CCMIDWST	030	8131	60000620	Acc 3/18 Joerns-0095313741-01	170.50	3	2018	JRNL00194269	03/31/18
CCMIDWST	030	8131	60000620	Acc 3/18 Joerns-0095313740-01	(170.50)	4	2018	JRNL00194893	04/30/18
CCMIDWST	030	8131	60000620	Acc 3/18 Joerns-0095313740-01	170.50	3	2018	JRNL00194269	03/31/18
CCMIDWST	030	8131	60000620	Acc 3/18 Joerns-0095313739-01	(11.00)	4	2018	JRNL00194893	04/30/18
CCMIDWST	030	8131	60000620	Acc 3/18 Joerns-0095313739-01	11.00	3	2018	JRNL00194269	03/31/18
CCMIDWST	030	8131	60000620	Acc 3/18 Joerns-0095313738-01	(170.50)	4	2018	JRNL00194893	04/30/18
CCMIDWST	030	8131	60000620	Acc 3/18 Joerns-0095313738-01	170.50	3	2018	JRNL00194269	03/31/18
CCMIDWST	030	8131	60000620	Acc 3/18 Joerns-0095313737-01	(11.00)	4	2018	JRNL00194893	04/30/18
CCMIDWST	030	8131	60000620	Acc 3/18 Joerns-0095313737-01	11.00	3	2018	JRNL00194269	03/31/18
CCMIDWST	030	8131	60000620	Acc 3/18 Joerns-0095313735-01	(170.50)	4	2018	JRNL00194893	04/30/18
CCMIDWST	030	8131	60000620	Acc 3/18 Joerns-0095313735-01	170.50	3	2018	JRNL00194269	03/31/18
CCMIDWST	030	8131	60000620	Acc 3/18 Joerns-0095313734-01	(170.50)	4	2018	JRNL00194893	04/30/18
CCMIDWST	030	8131	60000620	Acc 3/18 Joerns-0095313734-01	170.50	3	2018	JRNL00194269	03/31/18
CCMIDWST	030	8131	60000620	Acc 2/18 ISV Joerns-0095268520-01	(11.00)	3	2018	JRNL00193932	03/31/18

Company	Locn	Dept	Account	Journal_Description	Amount	Month	Year	JournalNumber	ApplyDate
CCMIDWST	030	8131	60000620	Acc 2/18 ISV Joerns-0095268520-01	11.00	2	2018	JRNL00193339	02/28/18
CCMIDWST	030	8131	60000620	Acc 2/18 ISV Joerns-0095268517-01	(11.00)	3	2018	JRNL00193932	03/31/18
CCMIDWST	030	8131	60000620	Acc 2/18 ISV Joerns-0095268517-01	11.00	2	2018	JRNL00193339	02/28/18
CCMIDWST	030	8131	60000620	Acc 2/18 ISV Joerns-0095268516-01	(11.00)	3	2018	JRNL00193932	03/31/18
CCMIDWST	030	8131	60000620	Acc 2/18 ISV Joerns-0095268516-01	11.00	2	2018	JRNL00193339	02/28/18
CCMIDWST	030	8131	60000620	Acc 2/18 ISV Joerns-0095268432-01	(148.50)	3	2018	JRNL00193932	03/31/18
CCMIDWST	030	8131	60000620	Acc 2/18 ISV Joerns-0095268432-01	148.50	2	2018	JRNL00193339	02/28/18
CCMIDWST	030	8131	60000620	Acc 2/18 ISV Joerns-0095268423-01	(154.00)	3	2018	JRNL00193932	03/31/18
CCMIDWST	030	8131	60000620	Acc 2/18 ISV Joerns-0095268423-01	154.00	2	2018	JRNL00193339	02/28/18
CCMIDWST	030	8131	60000620	Acc 2/18 ISV Joerns-0095268362-01	(154.00)	3	2018	JRNL00193932	03/31/18
CCMIDWST	030	8131	60000620	Acc 2/18 ISV Joerns-0095268362-01	154.00	2	2018	JRNL00193339	02/28/18
CCMIDWST	030	8131	60000620	Acc 2/18 ISV Joerns-0095268357-02	154.00	3	2018	JRNL00193932	03/31/18
CCMIDWST	030	8131	60000620	Acc 2/18 ISV Joerns-0095268357-02	(154.00)	2	2018	JRNL00193339	02/28/18
CCMIDWST	030	8131	60000620	Acc 2/18 ISV Joerns-0095268357-01	(154.00)	3	2018	JRNL00193932	03/31/18
CCMIDWST	030	8131	60000620	Acc 2/18 ISV Joerns-0095268357-01	154.00	2	2018	JRNL00193339	02/28/18
CCMIDWST	030	8131	60000620	Acc 2/18 ISV Joerns-0095268356-01	(154.00)	3	2018	JRNL00193932	03/31/18
CCMIDWST	030	8131	60000620	Acc 2/18 ISV Joerns-0095268356-01	154.00	2	2018	JRNL00193339	02/28/18
CCMIDWST	030	8131	60000620	Acc 2/18 ISV Joerns-0095268336-01	(154.00)	3	2018	JRNL00193932	03/31/18
CCMIDWST	030	8131	60000620	Acc 2/18 ISV Joerns-0095268336-01	154.00	2	2018	JRNL00193339	02/28/18
CCMIDWST	030	8131	60000620	Acc 12/18 ISV Joerns-0095682246-01	33.00	12	2018	JRNL00201031	12/31/18
CCMIDWST	030	8131	60000620	Acc 12/18 ISV Joerns-0095682245-01	33.00	12	2018	JRNL00201031	12/31/18
CCMIDWST	030	8131	60000620	Acc 12/18 ISV Joerns-0095682218-01	170.50	12	2018	JRNL00201031	12/31/18
CCMIDWST	030	8131	60000620	Acc 12/18 ISV Joerns-0095682197-01	93.50	12	2018	JRNL00201031	12/31/18
CCMIDWST	030	8131	60000620	Acc 12/18 ISV Joerns-0095682196-01	170.50	12	2018	JRNL00201031	12/31/18
CCMIDWST	030	8131	60000620	Acc 12/18 ISV Joerns-0095682149-01	170.50	12	2018	JRNL00201031	12/31/18
CCMIDWST	030	8131	60000620	Acc 12/17 ISV Joerns-0095194861-01	(38.50)	1	2018	JRNL00192524	01/31/18
CCMIDWST	030	8131	60000620	Acc 12/17 ISV Joerns-0095194858-01	(82.50)	1	2018	JRNL00192524	01/31/18
CCMIDWST	030	8131	60000620	Acc 12/17 ISV Joerns-0095194851-01	(110.00)	1	2018	JRNL00192524	01/31/18
CCMIDWST	030	8131	60000620	Acc 12/17 ISV Joerns-0095194703-01	(60.50)	1	2018	JRNL00192524	01/31/18
CCMIDWST	030	8131	60000620	Acc 12/17 ISV Joerns-0095194562-01	(170.50)	1	2018	JRNL00192524	01/31/18
CCMIDWST	030	8131	60000620	Acc 12/17 ISV Joerns-0095194541-02	77.00	1	2018	JRNL00192524	01/31/18
CCMIDWST	030	8131	60000620	Acc 12/17 ISV Joerns-0095194541-01	(170.50)	1	2018	JRNL00192524	01/31/18
CCMIDWST	030	8131	60000620	Acc 12/17 ISV Joerns-0095194537-01	(462.00)	1	2018	JRNL00192524	01/31/18
CCMIDWST	030	8131	60000620	Acc 10/18 ISV Joerns-0095608414-01	(420.00)	11	2018	JRNL00200405	11/30/18
CCMIDWST	030	8131	60000620	Acc 10/18 ISV Joerns-0095608414-01	420.00	10	2018	JRNL00200087	10/31/18
CCMIDWST	030	8131	60000620	Acc 10/18 ISV Joerns-0095608413-01	(170.50)	11	2018	JRNL00200405	11/30/18
CCMIDWST	030	8131	60000620	Acc 10/18 ISV Joerns-0095608413-01	170.50	10	2018	JRNL00200087	10/31/18
CCMIDWST	030	8131	60000620	Acc 10/18 ISV Joerns-0095608406-01	(170.50)	11	2018	JRNL00200405	11/30/18
CCMIDWST	030	8131	60000620	Acc 10/18 ISV Joerns-0095608406-01	170.50	10	2018	JRNL00200087	10/31/18
CCMIDWST	030	8131	60000620	Acc 10/18 ISV Joerns-0095607646-02	170.50	11	2018	JRNL00200405	11/30/18
CCMIDWST	030	8131	60000620	Acc 10/18 ISV Joerns-0095607646-02	(170.50)	10	2018	JRNL00200087	10/31/18
CCMIDWST	030	8131	60000620	Acc 10/18 ISV Joerns-0095607646-01	(170.50)	11	2018	JRNL00200405	11/30/18
CCMIDWST	030	8131	60000620	Acc 10/18 ISV Joerns-0095607646-01	170.50	10	2018	JRNL00200087	10/31/18
CCMIDWST	030	8131	60000620	Acc 10/18 ISV Joerns-0095607621-01	(170.50)	11	2018	JRNL00200405	11/30/18
CCMIDWST	030	8131	60000620	Acc 10/18 ISV Joerns-0095607621-01	170.50	10	2018	JRNL00200087	10/31/18
CCMIDWST	030	8131	60000620	Acc 10/18 ISV Joerns-0095607508-01	(170.50)	11	2018	JRNL00200405	11/30/18
CCMIDWST	030	8131	60000620	Acc 10/18 ISV Joerns-0095607508-01	170.50	10	2018	JRNL00200087	10/31/18
CCMIDWST	030	8131	60000620	Acc 1/18 ISV Joerns-0095234308-01	(5.50)	2	2018	JRNL00193368	02/28/18
CCMIDWST	030	8131	60000620	Acc 1/18 ISV Joerns-0095234308-01	5.50	1	2018	JRNL00192655	01/31/18
CCMIDWST	030	8131	60000620	Acc 1/18 ISV Joerns-0095234291-01	(71.50)	2	2018	JRNL00193368	02/28/18
CCMIDWST	030	8131	60000620	Acc 1/18 ISV Joerns-0095234291-01	71.50	1	2018	JRNL00192655	01/31/18
CCMIDWST	030	8131	60000620	Acc 1/18 ISV Joerns-0095234280-01	(121.00)	2	2018	JRNL00193368	02/28/18
CCMIDWST	030	8131	60000620	Acc 1/18 ISV Joerns-0095234280-01	121.00	1	2018	JRNL00192655	01/31/18
CCMIDWST	030	8131	60000620	Acc 1/18 ISV Joerns-0095234251-01	(170.50)	2	2018	JRNL00193368	02/28/18
CCMIDWST	030	8131	60000620	Acc 1/18 ISV Joerns-0095234251-01	170.50	1	2018	JRNL00192655	01/31/18
CCMIDWST	030	8131	60000620	Acc 1/18 ISV Joerns-0095234247-02	170.50	2	2018	JRNL00193368	02/28/18
CCMIDWST	030	8131	60000620	Acc 1/18 ISV Joerns-0095234247-02	(170.50)	1	2018	JRNL00192655	01/31/18
CCMIDWST	030	8131	60000620	Acc 1/18 ISV Joerns-0095234247-01	(170.50)	2	2018	JRNL00193368	02/28/18
CCMIDWST	030	8131	60000620	Acc 1/18 ISV Joerns-0095234247-01	170.50	1	2018	JRNL00192655	01/31/18
CCMIDWST	030	8131	60000620	Acc 1/18 ISV Joerns-0095234216-01	(132.00)	2	2018	JRNL00193368	02/28/18
CCMIDWST	030	8131	60000620	Acc 1/18 ISV Joerns-0095234216-01	132.00	1	2018	JRNL00192655	01/31/18
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	312.75	12	2018	JRNL00200920	12/26/18
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	59.18	12	2018	JRNL00200915	12/26/18
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	312.75	12	2018	JRNL00200882	12/21/18
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	59.18	12	2018	JRNL00200877	12/21/18
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	59.18	10	2018	JRNL00200243	10/31/18
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	312.75	10	2018	JRNL00200237	10/31/18
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	59.18	9	2018	JRNL00199650	09/30/18
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	59.18	9	2018	JRNL00199649	09/30/18
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	312.75	9	2018	JRNL00198240	09/01/18
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	312.75	8	2018	JRNL00197433	08/03/18
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	312.75	7	2018	JRNL00196396	07/01/18
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	59.18	7	2018	JRNL00196394	07/01/18
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	312.75	6	2018	JRNL00195585	06/01/18
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	59.18	6	2018	JRNL00195580	06/01/18
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	312.75	5	2018	JRNL00194750	05/02/18
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	59.18	5	2018	JRNL00194746	05/02/18
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	312.75	4	2018	JRNL00193994	04/01/18
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	59.18	4	2018	JRNL00193990	04/01/18
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	312.75	3	2018	JRNL00193672	03/14/18
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	59.18	3	2018	JRNL00193665	03/14/18
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	59.18	2	2018	JRNL00192902	02/17/18
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	312.75	2	2018	JRNL00192907	02/17/18
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	312.75	1	2018	JRNL00192056	01/17/18
CCMIDWST	030	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	59.18	1	2018	JRNL00192051	01/17/18
CCMIDWST	030	6901	60000620	Acc est HPFS Lease 11/18	(372.00)	12	2018	JRNL00200944	12/31/18
CCMIDWST	030	6901	60000620	Acc est HPFS Lease 11/18	372.00	11	2018	JRNL00200703	11/30/18
CCMIDWST	030	6700	60000620	RON BERKBUEGLER - 030	199.93	4	2018	JRNL00194118	04/04/18
CCMIDWST	030	6700	60000620	Rcl Jun Grand Rental Station	819.07	6	2018	JRNL00195588	06/30/18
CCMIDWST	030	6700	60000620	GRAND RENTAL STATION - 030	1,212.00	10	2018	JRNL00199133	10/04/18
CCMIDWST	030	6700	60000620	GRAND RENTAL STATION - 030	599.92	9	2018	JRNL00198875	09/20/18
CCMIDWST	030	6500	60000620	LOOMIS BROS. - 030*	(188.30)	1	2018	JRNL00191890	01/11/18
CCMIDWST	030	6500	60000620	ECOLAB - 030	188.30	12	2018	JRNL00201131	12/31/18
CCMIDWST	030	6500	60000620	ECOLAB - 030	188.30	12	2018	JRNL00200618	12/10/18
CCMIDWST	030	6500	60000620	ECOLAB - 030	188.30	11	2018	JRNL00200521	11/30/18
CCMIDWST	030	6500	60000620	ECOLAB - 030	188.30	10	2018	JRNL00199407	10/10/18
CCMIDWST	030	6500	60000620	ECOLAB - 030	188.30	9	2018	JRNL00198496	09/10/18
CCMIDWST	030	6500	60000620	ECOLAB - 030	188.30	8	2018	JRNL00197704	08/08/18
CCMIDWST	030	6500	60000620	ECOLAB - 030	188.30	7	2018	JRNL00196972	07/12/18
CCMIDWST	030	6500	60000620	ECOLAB - 030	188.30	6	2018	JRNL00195820	06/05/18
CCMIDWST	030	6500	60000620	ECOLAB - 030	188.30	5	2018	JRNL00195040	05/08/18
CCMIDWST	030	6500	60000620	ECOLAB - 030	188.30	4	2018	JRNL00194285	04/10/18
CCMIDWST	030	6500	60000620	ECOLAB - 030	188.30	3	2018	JRNL00193279	03/07/18
CCMIDWST	030	6500	60000620	ECOLAB - 030	188.30	2	2018	JRNL00192468	02/07/18
CCMIDWST	030	6500	60000620	ECOLAB - 030	188.30	1	2018	JRNL00191674	01/09/18
CCMIDWST	030	6200	60000620	RON BERKBUEGLER - 030	283.95	11	2018	JRNL00200176	11/14/18
CCMIDWST	030	6200	60000620	Rcl Jun Grand Rental Station	(819.07)	6	2018	JRNL00195588	06/30/18
CCMIDWST	030	6200	60000620	PODS ENTERPRISES - 030	185.00	12	2018	JRNL00200899	12/24/18
CCMIDWST	030	6200	60000620	PODS ENTERPRISES - 030	185.00	11	2018	JRNL00200329	11/26/18
CCMIDWST	030	6200	60000620	PODS ENTERPRISES - 030	185.00	9	2018	JRNL00198964	09/25/18
CCMIDWST	030	6200	60000620	PODS ENTERPRISES - 030	185.00	8	2018	JRNL00198136	08/23/18
CCMIDWST	030	6200	60000620	PODS ENTERPRISES - 030	185.00	7	2018	JRNL00197245	07/24/18
CCMIDWST	030	6200	60000620	PODS ENTERPRISES - 030	185.00	6	2018	JRNL00196574	06/30/18
CCMIDWST	030	6200	60000620	PODS ENTERPRISES - 030	185.00	5	2018	JRNL00195474	05/23/18
CCMIDWST	030	6200	60000620	PODS ENTERPRISES - 030	185.00	4	2018	JRNL00194637	04/24/18
CCMIDWST	030	6200	60000620	PODS ENTERPRISES - 030	185.00	3	2018	JRNL00193924	03/27/18
CCMIDWST	030	6200	60000620	PODS ENTERPRISES - 030	185.00	2	2018	JRNL00193090	02/28/18
CCMIDWST	030	6200	60000620	PODS ENTERPRISES - 030	185.00	2	2018	JRNL00193053	02/27/18
CCMIDWST	030	6200	60000620	GRAND RENTAL STATION - 030	819.07	6	2018	JRNL00195571	06/01/18
CCMIDWST	030	6200	60000620	ECONO-JOHNS - 030	(265.00)	9	2018	JRNL00199585	09/30/18
CCMIDWST	030	6200	60000620	ECONO-JOHNS - 030	265.00	10	2018	JRNL00199537	10/16/18
CCMIDWST	030	6200	60000620	ECONO-JOHNS - 030	265.00	6	2018	JRNL00196437	06/27/18
CCMIDWST	030	6200	60000620	ADVANTAGE SELF-STORAGE - 030	228.00	12	2018	JRNL00200828	12/19/18
CCMIDWST	030	6200	60000620	ADVANTAGE SELF-STORAGE - 030	228.00	11	2018	JRNL00200748	11/30/18
CCMIDWST	030	6200	60000620	ADVANTAGE SELF-STORAGE - 030	228.00	10	2018	JRNL00199733	10/27/18
CCMIDWST	030	6200	60000620	ADVANTAGE SELF-STORAGE - 030	228.00	11	2018	JRNL00199699	11/01/18
CCMIDWST	030	6200	60000620	ADVANTAGE SELF-STORAGE - 030	228.00	9	2018	JRNL00198108	09/01/18
CCMIDWST	030	6200	60000620	ADVANTAGE SELF-STORAGE - 030	228.00	7	2018	JRNL00197245	07/24/18
CCMIDWST	030	6200	60000620	ADVANTAGE SELF-STORAGE - 030	228.00	6	2018	JRNL00196437	06/27/18
CCMIDWST	030	6200	60000620	ADVANTAGE SELF-STORAGE - 030	228.00	5	2018	JRNL00195493	05/24/18
CCMIDWST	030	6200	60000620	ADVANTAGE SELF-STORAGE - 030	228.00	4	2018	JRNL00194637	04/24/18
CCMIDWST	030	6200	60000620	ADVANTAGE SELF-STORAGE - 030	228.00	3	2018	JRNL00193838	03/22/18
CCMIDWST	030	6200	60000620	ADVANTAGE SELF-STORAGE - 030	228.00	2	2018	JRNL00192931	02/20/18
CCMIDWST	030	6200	60000620	ADVANTAGE SELF-STORAGE - 030	228.00	1	2018	JRNL00192194	01/23/18
CCMIDWST	030	6110	60000620	PROVIDER PLUS - 030	881.90	1	2018	JRNL00192466	01/31/18
CCMIDWST	030	6110	60000620	ISAVE - JOERNS - 099	400.18	6	2018	JRNL00197097	06/30/18
CCMIDWST	030	6110	60000620	ISAVE - JOERNS - 099	25.00	7	2018	JRNL00196994	07/09/18
CCMIDWST	030	6110	60000620	ISAVE - JOERNS - 099	155.00	6	2018	JRNL00196286	06/11/18
CCMIDWST	030	6110	60000620	ISAVE - JOERNS - 099	(150.00)	5	2018	JRNL00195635	05/22/18
CCMIDWST	030	6110	60000620	ISAVE - JOERNS - 099	300.00	5	2018	JRNL00195372	05/07/18
CCMIDWST	030	6110	60000620	ISAVE - JOERNS - 099	155.00	4	2018	JRNL00194561	04/09/18
CCMIDWST	030	6110	60000620	ISAVE - JOERNS - 099	140.00	3	2018	JRNL00193911	03/05/18
CCMIDWST	030	6110	60000620	ISAVE - JOERNS - 099	155.00	2	2018	JRNL00193198	02/05/18
CCMIDWST	030	6110	60000620	ISAVE - JOERNS - 099	155.00	1	2018	JRNL00192225	01/08/18
CCMIDWST	030	6110	60000620	INTEGRA HEALTHCARE EQUIPMENT - 030	744.00	12	2018	JRNL00201160	12/31/18
CCMIDWST	030	6110	60000620	INTEGRA HEALTHCARE EQUIPMENT - 030	720.00	11	2018	JRNL00200612	11/30/18
CCMIDWST	030	6110	60000620	INTEGRA HEALTHCARE EQUIPMENT - 030	744.00	10	2018	JRNL00200022	10/31/18
CCMIDWST	030	6110	60000620	INTEGRA HEALTHCARE EQUIPMENT - 030	720.00	10	2018	JRNL00200022	10/31/18
CCMIDWST	030	6110	60000620	INTEGRA HEALTHCARE EQUIPMENT - 030	714.00	8	2018	JRNL00198486	08/31/18
CCMIDWST	030	6110	60000620	INTEGRA HEALTHCARE EQUIPMENT - 030	744.00	7	2018	JRNL00197634	07/31/18
CCMIDWST	030	6110	60000620	INTEGRA HEALTHCARE EQUIPMENT - 030	720.00	7	2018	JRNL00196736	07/09/18
CCMIDWST	030	6110	60000620	INTEGRA HEALTHCARE EQUIPMENT - 030	744.00	5	2018	JRNL00195946	05/31/18
CCMIDWST	030	6110	60000620	INTEGRA HEALTHCARE EQUIPMENT - 030	720.00	4	2018	JRNL00195038	04/30/18
CCMIDWST	030	6110	60000620	INTEGRA HEALTHCARE EQUIPMENT - 030	744.00	3	2018	JRNL00194265	03/31/18
CCMIDWST	030	6110	60000620	INTEGRA HEALTHCARE EQUIPMENT - 030	672.00	3	2018	JRNL00193413	03/08/18
CCMIDWST	030	6110	60000620	INTEGRA HEALTHCARE EQUIPMENT - 030	750.00	1	2018	JRNL00192797	01/31/18
CCMIDWST	030	6110	60000620	INTEGRA HEALTHCARE EQUIPMENT - 030	744.00	1	2018	JRNL00192797	01/31/18
CCMIDWST	030	6110	60000620	GAMMA HEALTHCARE - 030	5.00	12	2018	JRNL00201053	12/31/18
CCMIDWST	030	6110	60000620	GAMMA HEALTHCARE - 030	5.00	6	2018	JRNL00196686	06/30/18
CCMIDWST	030	6110	60000620	ADVACARE SYSTEMS - 030	420.00	11	2018	JRNL00200690	11/30/18
CCMIDWST	030	6110	60000620	ADVACARE SYSTEMS - 030	434.00	9	2018	JRNL00199404	09/30/18
CCMIDWST	030	6110	60000620	ADVACARE SYSTEMS - 030	420.00	9	2018	JRNL00199402	09/30/18
CCMIDWST	030	6110	60000620	ADVACARE SYSTEMS - 030	434.00	9	2018	JRNL00199402	09/30/18
CCMIDWST	030	6110	60000620	ADVACARE SYSTEMS - 030	434.00	6	2018	JRNL00196252	06/19/18
CCMIDWST	030	6110	60000620	ADVACARE SYSTEMS - 030	429.00	5	2018	JRNL00195439	05/21/18
CCMIDWST	030	6110	60000620	ADVACARE SYSTEMS - 030	43.32	4	2018	JRNL00194637	04/24/18
CCMIDWST	030	6110	60000620	ADVACARE SYSTEMS - 030	567.00	2	2018	JRNL00192979	02/22/18
CCMIDWST	030	6110	60000620	ADVACARE SYSTEMS - 030	751.00	1	2018	JRNL00192172	01/22/18
CCMIDWST	030	6110	60000620	Acc 6/18 ISV Joerns-0095435475-01	(25.00)	7	2018	JRNL00197370	07/31/18
CCMIDWST	030	6110	60000620	Acc 6/18 ISV Joerns-0095435475-01	25.00	6	2018	JRNL00196741	06/30/18
CCMIDWST	030	6110	60000620	Acc 5/18 ISV Joerns-0095395013-01	(155.00)	6	2018	JRNL00196467	06/30/18
CCMIDWST	030	6110	60000620	Acc 5/18 ISV Joerns-0095395013-01	155.00	5	2018	JRNL00195829	05/31/18
CCMIDWST	030	6110	60000620	Acc 4/18 ISV Joerns-0095354349-01	(300.00)	5	2018	JRNL00195632	05/31/18
CCMIDWST	030	6110	60000620	Acc 4/18 ISV Joerns-0095354349-01	300.00	4	2018	JRNL00195151	04/30/18
CCMIDWST	030	6110	60000620	Acc 3/18 Joerns-0095313736-01	(155.00)	4	2018	JRNL00194893	04/30/18
CCMIDWST	030	6110	60000620	Acc 3/18 Joerns-0095313736-01	155.00	3	2018	JRNL00194269	03/31/18
CCMIDWST	030	6110	60000620	Acc 2/18 ISV Joerns-0095268340-01	(140.00)	3	2018	JRNL00193932	03/31/18
CCMIDWST	030	6110	60000620	Acc 2/18 ISV Joerns-0095268340-01	140.00	2	2018	JRNL00193339	02/28/18
CCMIDWST	030	6110	60000620	Acc 12/17 ISV Joerns-0095194755-01	(155.00)	1	2018	JRNL00192524	01/31/18
CCMIDWST	030	6110	60000620	Acc 1/18 ISV Joerns-0095234225-01	(155.00)	2	2018	JRNL00193368	02/28/18
CCMIDWST	030	6110	60000620	Acc 1/18 ISV Joerns-0095234225-01	155.00	1	2018	JRNL00192655	01/31/18
					73,336.76				

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

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? [ ] YES [x] NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
- IN-HOUSE PROGRAM [ ]
- IN OTHER FACILITY [ ]
- COMMUNITY COLLEGE [ ]
- HOURS PER CNA ____

3. CLINICAL PORTION:
- IN-HOUSE PROGRAM [ ]
- IN OTHER FACILITY [ ]
- HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

$

D. NUMBER OF CNAs TRAINED

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

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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

	1	2		3	4		5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service		Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	V10A	0.00	hrs	$ 0	6,963	$ 327,861	$ 0	6,963	$ 327,861	1
2	Licensed Speech and Language Development Therapist	V10A	0.00	hrs	0	5,098	179,113	0	5,098	179,113	2
3	Licensed Recreational Therapist	V10A	0.00	hrs	0	0	0	0			3
4	Licensed Physical Therapist	V10A	0.00	hrs	0	11,463	464,531	0	11,463	464,531	4
5	Physician Care			visits							5
6	Dental Care			visits							6
7	Work Related Program			hrs							7
8	Habilitation	V39	#####	hrs	64,036	0	0	7,226	3,861	71,262	8
9	Pharmacy	V39	0.00	# of prescrpts	0	0	0	278,047		278,047	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs							10
11	Academic Education			hrs							11
12	Other (specify): LAB/RADIOLOGY	V39	0.00		0	0	336	27,837		28,173	12
13	Other (specify): BILLABLE SUPPLIES	V39	0.00		0	0	0	38,279		38,279	13
14	TOTAL				$ 64,036	23,524	$ 971,841	$ 351,389	27,385	$ 1,387,266	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.

Facility Name & ID Number Cedar Ridge Hlth & Rehab Center # 0042838 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/2018 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 2,000	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 798,532)	972,280		3
4	Supply Inventory (priced at)	50,208		4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	2,227		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Inventories	11,055		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,037,770	$	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	1,060,675		15
16	Equipment, at Historical Cost	680,560		16
17	Accumulated Depreciation (book methods)	(1,530,173)		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):	53,927		22
23	Other(specify): Medicare Cost Settlement	165,840		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 430,829	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 1,468,599	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 2,151	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	164,024		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
	Other Current Liabilities(specify):			
36				36
37	Intercompany Liability	(1,637,924)		37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ (1,471,749)	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	QAF & Deferred Rent	(328,076)		43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ (328,076)	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ (1,799,825)	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 3,268,424	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 1,468,599	$	48

***(See instructions.)**

Facility Name & ID Number Cedar Ridge Hlth & Rehab Center # 0042838 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 3,048,802	1
2	Restatements (describe):		2
3	**Prior Year Adjustment**	(19,696)	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 3,029,106	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	239,318	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)**	$ 239,318	17
	B. Transfers (Itemize):		
18	**ILU net asset activity for the year**	0	18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$ 0	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 3,268,424	24 *

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

Facility Name & ID Number Cedar Ridge Hlth & Rehab Center # 0042838 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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

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

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 7,393,288	1
2	Discounts and Allowances for all Levels	(2,575,401)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 4,817,887	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,717,476	6
7	Oxygen	2,298	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 3,719,774	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	284,843	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	13,977	19
20	Radiology and X-Ray	12,285	20
21	Other Medical Services	49,695	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22**	$ 360,800	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	18,559	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 18,559	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	AL/IL		28
28a	Misc Revenue		28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 8,917,020	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,028,907	31
32	Health Care	3,912,654	32
33	General Administration	2,284,649	33
	B. Capital Expense		
34	Ownership	762,436	34
	C. Ancillary Expense		
35	Special Cost Centers	415,761	35
36	Provider Participation Fee	273,295	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 8,677,702	40
41	**Income before Income Taxes (line 30 minus line 40)****	239,318	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 239,318	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 3,282,759	44
45	Private Pay - Net Inpatient Revenue	883,313	45
46	Medicare - Net Inpatient Revenue	2,383,066	46
47	Other-(specify) ALL OTHER SNF/SCF IP REVENUE	1,859,085	47
48	Other-(specify) C/A ANCILLARY ACCOUNTS	(3,590,336)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3	$ 4,817,887	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.**

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XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,889	1,937	$ 114,580	$ 59.15	1
2	Assistant Director of Nursing	1,626	1,626	42,634	26.22	2
3	Registered Nurses	11,688	14,277	347,679	24.35	3
4	Licensed Practical Nurses	25,586	25,586	663,175	25.92	4
5	CNAs & Orderlies	75,453	75,453	1,153,657	15.29	5
6	CNA Trainees	0	0	0		6
7	Licensed Therapist	0	0	0		7
8	Rehab/Therapy Aides	3,861	3,861	64,036	16.59	8
9	Activity Director	1,669	1,669	24,226	14.52	9
10	Activity Assistants	3,603	3,668	41,442	11.30	10
11	Social Service Workers	10,411	10,728	168,512	15.71	11
12	Dietician	0	0	0		12
13	Food Service Supervisor	1,680	1,680	40,523	24.12	13
14	Head Cook	0	0	0		14
15	Cook Helpers/Assistants	17,435	18,061	217,125	12.02	15
16	Dishwashers	0	0	0		16
17	Maintenance Workers	3,849	3,968	73,994	18.65	17
18	Housekeepers	11,859	12,025	127,607	10.61	18
19	Laundry	5,273	5,311	58,313	10.98	19
20	Administrator	1,984	1,984	141,354	71.25	20
21	Assistant Administrator	0	0	0		21
22	Other Administrative	0	0	0		22
23	Office Manager	0	0	0		23
24	Clerical	11,681	12,018	257,244	21.40	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	1,538	1,631	46,984	28.81	31
32	Other Health Care(specify)	3,668	3,667	111,757	30.48	32
33	Other(specify) Marketing	1,866	1,920	56,306	29.33	33
34	TOTAL (lines 1 - 33)	196,619	201,070	$ 3,751,148 *	$ 18.66	34

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	0	$ 23,580	1-3	35
36	Medical Director	0	18,000	9-3	36
37	Medical Records Consultant	0	479	10-3	37
38	Nurse Consultant	0	0		38
39	Pharmacist Consultant	Monthly	12,408	10-3	39
40	Physical Therapy Consultant	0	0		40
41	Occupational Therapy Consultant	0	0		41
42	Respiratory Therapy Consultant	0	0		42
43	Speech Therapy Consultant	0	0		43
44	Activity Consultant	0	1,589	11-3	44
45	Social Service Consultant	0	1,789	12-3	45
46	Other(specify)	0	0		46
47		0	0		47
48		0	0		48
49	TOTAL (lines 35 - 48)		$ 57,846		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	0	$ 0		50
51	Licensed Practical Nurses	0	0		51
52	Certified Nurse Assistants/Aides	0	0		52
53	TOTAL (lines 50 - 52)		$		53

Facility Name & ID Number Cedar Ridge Hlth & Rehab Center # 0042838 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Mike Altobella	Administrator	0	$ 141,354
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 141,354

B. Administrative - Other

Description	Amount
Management Fees - Covenant Care California, LLC	$ 422,982
TOTAL (agree to Schedule V, line 17, col. 3)	$ 422,982
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
	Legal Fees	$ 21,051
Ability Network/HealthLink	Data Processing	1,525
Amex - Dish Business	Data Processing	2,500
Live Well Counseling Services	Social Counseling	600
National Datacare Corp	Data Processing	2,976
Pinnacle Quality Insight	Customer Satisfaction	1,752
SmartLinx Solutions	Labor Management Software	6,323
Highland Recycling & Shredding	Data Shredding Services	1,822
Iron Mountain	Data Shredding Services	6,025
PointClickCare	Data Processing	33,674
Teldata	Telecommunications	481
Software Allocation (IT)	Labor Management Software	18,015
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 96,745

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 68,513
Unemployment Compensation Insurance	
FICA Taxes	331,840
Employee Health Insurance	231,362
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Vision Insurance	71
Life Insurance	3,718
Dental Insurance	984
Employee Physicals/X-Ray	567
Other Employee Benefits	44,391
TOTAL (agree to Schedule V, line 22, col.8)	$ 681,445

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 1,990
Advertising: Employee Recruitment	13,974
Health Care Worker Background Check	
(Indicate # of checks performed ____)	
Dues and Subscriptions	6,074
License and Permits	1,388
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 23,426

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	1,305
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 1,305

**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 11/17	227.75	1	2018	JRNL00192447	01/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	232.30	1	2018	JRNL00192447	01/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	282.00	1	2018	JRNL00192447	01/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	604.10	1	2018	JRNL00192447	01/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	686.50	1	2018	JRNL00192447	01/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	2,155.40	1	2018	JRNL00192447	01/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	(2,155.40)	1	2018	JRNL00191887	01/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	(686.50)	1	2018	JRNL00191887	01/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	(282.00)	1	2018	JRNL00191887	01/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	(604.10)	1	2018	JRNL00191887	01/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	(232.30)	1	2018	JRNL00191887	01/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	(227.75)	1	2018	JRNL00191887	01/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	227.75	2	2018	JRNL00193482	02/28/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	232.30	2	2018	JRNL00193482	02/28/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	604.10	2	2018	JRNL00193482	02/28/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	686.50	2	2018	JRNL00193482	02/28/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	(227.75)	2	2018	JRNL00192669	02/28/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	(232.30)	2	2018	JRNL00192669	02/28/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	(282.00)	2	2018	JRNL00192669	02/28/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	(604.10)	2	2018	JRNL00192669	02/28/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	(686.50)	2	2018	JRNL00192669	02/28/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	(2,155.40)	2	2018	JRNL00192669	02/28/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	227.75	3	2018	JRNL00194255	03/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	232.30	3	2018	JRNL00194255	03/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	604.10	3	2018	JRNL00194255	03/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	686.50	3	2018	JRNL00194255	03/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	(227.75)	3	2018	JRNL00193578	03/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	(232.30)	3	2018	JRNL00193578	03/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	(604.10)	3	2018	JRNL00193578	03/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	(686.50)	3	2018	JRNL00193578	03/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	227.75	4	2018	JRNL00195146	04/30/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	232.30	4	2018	JRNL00195146	04/30/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	604.10	4	2018	JRNL00195146	04/30/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	686.50	4	2018	JRNL00195146	04/30/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	(227.75)	4	2018	JRNL00194378	04/30/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	(232.30)	4	2018	JRNL00194378	04/30/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	(604.10)	4	2018	JRNL00194378	04/30/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	(686.50)	4	2018	JRNL00194378	04/30/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	227.75	5	2018	JRNL00195848	05/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	232.30	5	2018	JRNL00195848	05/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	604.10	5	2018	JRNL00195848	05/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	686.50	5	2018	JRNL00195848	05/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	(227.75)	5	2018	JRNL00195156	05/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	(232.30)	5	2018	JRNL00195156	05/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	(604.10)	5	2018	JRNL00195156	05/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	(686.50)	5	2018	JRNL00195156	05/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	(227.75)	6	2018	JRNL00196038	06/30/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	(232.30)	6	2018	JRNL00196038	06/30/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	(604.10)	6	2018	JRNL00196038	06/30/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg 11/17	(686.50)	6	2018	JRNL00196038	06/30/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 10/18	2,130.35	10	2018	JRNL00199943	10/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 10/18	(2,130.35)	11	2018	JRNL00200112	11/30/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	84.00	1	2018	JRNL00192447	01/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	117.50	1	2018	JRNL00192447	01/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	232.30	1	2018	JRNL00192447	01/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	604.10	1	2018	JRNL00192447	01/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	670.34	1	2018	JRNL00192447	01/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	686.50	1	2018	JRNL00192447	01/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	1,659.45	1	2018	JRNL00192447	01/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	(1,659.45)	1	2018	JRNL00191689	01/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	(670.34)	1	2018	JRNL00191689	01/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	(686.50)	1	2018	JRNL00191689	01/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	(117.50)	1	2018	JRNL00191689	01/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	(84.00)	1	2018	JRNL00191689	01/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	(604.10)	1	2018	JRNL00191689	01/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	(232.30)	1	2018	JRNL00191689	01/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	232.30	2	2018	JRNL00193482	02/28/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	604.10	2	2018	JRNL00193482	02/28/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	686.50	2	2018	JRNL00193482	02/28/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	(84.00)	2	2018	JRNL00192669	02/28/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	(117.50)	2	2018	JRNL00192669	02/28/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	(232.30)	2	2018	JRNL00192669	02/28/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	(604.10)	2	2018	JRNL00192669	02/28/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	(670.34)	2	2018	JRNL00192669	02/28/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	(686.50)	2	2018	JRNL00192669	02/28/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	(1,659.45)	2	2018	JRNL00192669	02/28/18	Regulatory	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	232.30	3	2018	JRNL00194255	03/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	604.10	3	2018	JRNL00194255	03/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	686.50	3	2018	JRNL00194255	03/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	(232.30)	3	2018	JRNL00193578	03/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	(604.10)	3	2018	JRNL00193578	03/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	(686.50)	3	2018	JRNL00193578	03/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	(232.30)	4	2018	JRNL00194378	04/30/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	(604.10)	4	2018	JRNL00194378	04/30/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/17	(686.50)	4	2018	JRNL00194378	04/30/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/18	1,209.10	11	2018	JRNL00200539	11/30/18	Regulatory	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/18	1,209.10	12	2018	JRNL00201129	12/31/18	Regulatory	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 11/18	(1,209.10)	12	2018	JRNL00200691	12/31/18	Regulatory	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 12/18	67.45	12	2018	JRNL00201137	12/31/18	Resident Matter	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 12/18	779.76	12	2018	JRNL00201137	12/31/18	Regulatory	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 12/18	70.50	12	2018	JRNL00201137	12/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 2/18	1,076.80	2	2018	JRNL00193483	02/28/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 2/18	424.00	2	2018	JRNL00193483	02/28/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 2/18	424.00	3	2018	JRNL00194255	03/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 2/18	1,076.80	3	2018	JRNL00194255	03/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 2/18	(1,076.80)	3	2018	JRNL00193579	03/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 2/18	(424.00)	3	2018	JRNL00193579	03/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 2/18	424.00	4	2018	JRNL00195146	04/30/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 2/18	1,076.80	4	2018	JRNL00195146	04/30/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 2/18	(424.00)	4	2018	JRNL00194378	04/30/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 2/18	(1,076.80)	4	2018	JRNL00194378	04/30/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 2/18	1,076.80	5	2018	JRNL00195848	05/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 2/18	(424.00)	5	2018	JRNL00195156	05/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 2/18	(1,076.80)	5	2018	JRNL00195156	05/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 2/18	1,076.80	6	2018	JRNL00196704	06/30/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 2/18	(1,076.80)	6	2018	JRNL00196038	06/30/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 2/18	1,076.80	7	2018	JRNL00197595	07/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 2/18	(1,076.80)	7	2018	JRNL00196900	07/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 2/18	(1,076.80)	8	2018	JRNL00197790	08/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 3/18	253.05	3	2018	JRNL00194256	03/31/18	Regulatory	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 3/18	475.00	3	2018	JRNL00194256	03/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 3/18	23.50	3	2018	JRNL00194256	03/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 3/18	95.00	3	2018	JRNL00194256	03/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 3/18	23.50	4	2018	JRNL00195146	04/30/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 3/18	95.00	4	2018	JRNL00195146	04/30/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 3/18	253.05	4	2018	JRNL00195146	04/30/18	Regulatory	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 3/18	475.00	4	2018	JRNL00195146	04/30/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 3/18	(253.05)	4	2018	JRNL00194379	04/30/18	Regulatory	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 3/18	(475.00)	4	2018	JRNL00194379	04/30/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 3/18	(23.50)	4	2018	JRNL00194379	04/30/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 3/18	(95.00)	4	2018	JRNL00194379	04/30/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 3/18	23.50	5	2018	JRNL00195848	05/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 3/18	95.00	5	2018	JRNL00195848	05/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 3/18	253.05	5	2018	JRNL00195848	05/31/18	Regulatory	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 3/18	475.00	5	2018	JRNL00195848	05/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 3/18	(23.50)	5	2018	JRNL00195156	05/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 3/18	(95.00)	5	2018	JRNL00195156	05/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 3/18	(253.05)	5	2018	JRNL00195156	05/31/18	Regulatory	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 3/18	(475.00)	5	2018	JRNL00195156	05/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 3/18	23.50	6	2018	JRNL00196704	06/30/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 3/18	(23.50)	6	2018	JRNL00196038	06/30/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 3/18	(95.00)	6	2018	JRNL00196038	06/30/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 3/18	(253.05)	6	2018	JRNL00196038	06/30/18	Regulatory	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 3/18	(475.00)	6	2018	JRNL00196038	06/30/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 3/18	23.50	7	2018	JRNL00197595	07/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 3/18	(23.50)	7	2018	JRNL00196900	07/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 3/18	23.50	8	2018	JRNL00198426	08/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 3/18	(23.50)	8	2018	JRNL00197790	08/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 3/18	23.50	9	2018	JRNL00199195	09/30/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 3/18	(23.50)	9	2018	JRNL00198593	09/30/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 3/18	(23.50)	10	2018	JRNL00199448	10/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 4/18	1,177.35	4	2018	JRNL00195147	04/30/18	Regulatory	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 4/18	85.50	4	2018	JRNL00195147	04/30/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 4/18	94.00	4	2018	JRNL00195147	04/30/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 4/18	410.00	4	2018	JRNL00195147	04/30/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 4/18	85.50	5	2018	JRNL00195848	05/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 4/18	94.00	5	2018	JRNL00195848	05/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 4/18	410.00	5	2018	JRNL00195848	05/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 4/18	1,177.35	5	2018	JRNL00195848	05/31/18	Regulatory	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 4/18	(1,177.35)	5	2018	JRNL00195157	05/31/18	Regulatory	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 4/18	(85.50)	5	2018	JRNL00195157	05/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 4/18	(94.00)	5	2018	JRNL00195157	05/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 4/18	(410.00)	5	2018	JRNL00195157	05/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 4/18	(85.50)	6	2018	JRNL00196038	06/30/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 4/18	(94.00)	6	2018	JRNL00196038	06/30/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 4/18	(410.00)	6	2018	JRNL00196038	06/30/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 4/18	(1,177.35)	6	2018	JRNL00196038	06/30/18	Regulatory	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 5/18	909.00	5	2018	JRNL00195875	05/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 5/18	125.00	5	2018	JRNL00195875	05/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 5/18	70.50	5	2018	JRNL00195875	05/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 5/18	140.00	5	2018	JRNL00195875	05/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 5/18	70.50	6	2018	JRNL00196704	06/30/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 5/18	125.00	6	2018	JRNL00196704	06/30/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 5/18	140.00	6	2018	JRNL00196704	06/30/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 5/18	909.00	6	2018	JRNL00196704	06/30/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 5/18	(909.00)	6	2018	JRNL00196039	06/30/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 5/18	(125.00)	6	2018	JRNL00196039	06/30/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 5/18	(70.50)	6	2018	JRNL00196039	06/30/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 5/18	(140.00)	6	2018	JRNL00196039	06/30/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 5/18	(70.50)	7	2018	JRNL00196900	07/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 5/18	(125.00)	7	2018	JRNL00196900	07/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 5/18	(140.00)	7	2018	JRNL00196900	07/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 5/18	(909.00)	7	2018	JRNL00196900	07/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 6/18	1,008.05	6	2018	JRNL00196709	06/30/18	Resident Matter	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 6/18	112.45	6	2018	JRNL00196709	06/30/18	Regulatory	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 6/18	937.50	6	2018	JRNL00196709	06/30/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 6/18	140.00	6	2018	JRNL00196709	06/30/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 6/18	(1,008.05)	7	2018	JRNL00196926	07/31/18	Resident Matter	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 6/18	(112.45)	7	2018	JRNL00196926	07/31/18	Regulatory	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 6/18	(937.50)	7	2018	JRNL00196926	07/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 6/18	(140.00)	7	2018	JRNL00196926	07/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 7/18	67.70	7	2018	JRNL00197596	07/31/18	Resident Matter	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 7/18	788.30	7	2018	JRNL00197596	07/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 7/18	164.50	7	2018	JRNL00197596	07/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 7/18	(67.70)	8	2018	JRNL00197791	08/31/18	Resident Matter	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 7/18	(788.30)	8	2018	JRNL00197791	08/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 7/18	(164.50)	8	2018	JRNL00197791	08/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 8/18	614.00	8	2018	JRNL00198427	08/31/18	Resident Matter	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 8/18	429.84	8	2018	JRNL00198427	08/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 8/18	702.95	8	2018	JRNL00198427	08/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 8/18	775.50	8	2018	JRNL00198427	08/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 8/18	3.97	8	2018	JRNL00198427	08/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 8/18	(614.00)	9	2018	JRNL00198667	09/30/18	Resident Matter	Allowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 8/18	(429.84)	9	2018	JRNL00198667	09/30/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 8/18	(702.95)	9	2018	JRNL00198667	09/30/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 8/18	(775.50)	9	2018	JRNL00198667	09/30/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 8/18	(3.97)	9	2018	JRNL00198667	09/30/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 9/18	4,903.66	9	2018	JRNL00199291	09/30/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	Acr Sandberg Phoenix 9/18	(4,903.66)	10	2018	JRNL00199449	10/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	LITTLER, MENDELSON, P.C. - 099	380.00	4	2018	JRNL00194580	04/23/18	Employee Matter	NonAllowable
CCMIDWST	030	6901	60000470	LITTLER, MENDELSON, P.C. - 099	190.00	5	2018	JRNL00195467	05/23/18	Employee Matter	NonAllowable
CCMIDWST	030	6901	60000470	LITTLER, MENDELSON, P.C. - 099	395.00	9	2018	JRNL00199122	09/30/18	Employee Matter	NonAllowable
CCMIDWST	030	6901	60000470	LITTLER, MENDELSON, P.C. - 099	98.75	11	2018	JRNL00200484	11/30/18	Employee Matter	NonAllowable
CCMIDWST	030	6901	60000470	LITTLER, MENDELSON, P.C. - 099	2,468.75	12	2018	JRNL00200722	12/13/18	Employee Matter	NonAllowable
CCMIDWST	030	6901	60000470	Rcl Sandberg, Phoenix 060>030	164.50	8	2018	JRNL00198597	08/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	670.34	2	2018	JRNL00193000	02/23/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	117.50	2	2018	JRNL00193000	02/23/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	84.00	2	2018	JRNL00193000	02/23/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	1,659.45	2	2018	JRNL00193000	02/23/18	Regulatory	Allowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	282.00	2	2018	JRNL00193165	02/28/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	2,155.40	2	2018	JRNL00193165	02/28/18	Regulatory	Allowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	47.00	4	2018	JRNL00194650	04/25/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	337.90	4	2018	JRNL00194650	04/25/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	526.60	4	2018	JRNL00194650	04/25/18	Regulatory	Allowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	424.00	5	2018	JRNL00195480	05/24/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	410.00	6	2018	JRNL00196400	06/25/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	85.50	6	2018	JRNL00196400	06/25/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	94.00	6	2018	JRNL00196400	06/25/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	138.00	6	2018	JRNL00196400	06/25/18	Resident Matter	Allowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	1,177.35	6	2018	JRNL00196400	06/25/18	Regulatory	Allowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	95.00	6	2018	JRNL00196400	06/25/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	475.00	6	2018	JRNL00196400	06/25/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	162.27	6	2018	JRNL00196400	06/25/18	Resident Matter	Allowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	253.05	6	2018	JRNL00196400	06/25/18	Regulatory	Allowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	1,262.25	6	2018	JRNL00196448	06/28/18	Resident Matter	Allowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	770.45	6	2018	JRNL00196448	06/28/18	Resident Matter	Allowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	112.45	7	2018	JRNL00197251	07/24/18	Regulatory	Allowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	1,008.05	7	2018	JRNL00197251	07/24/18	Resident Matter	Allowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	115.00	7	2018	JRNL00197251	07/24/18	Resident Matter	Allowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	140.00	7	2018	JRNL00197251	07/24/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	125.00	7	2018	JRNL00197251	07/24/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	70.50	7	2018	JRNL00197241	07/24/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	937.50	7	2018	JRNL00197425	07/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	140.00	7	2018	JRNL00197425	07/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	67.70	8	2018	JRNL00198117	08/23/18	Resident Matter	Allowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	796.00	8	2018	JRNL00198117	08/23/18	Resident Matter	Allowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	84.00	9	2018	JRNL00199123	09/30/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	683.00	9	2018	JRNL00199123	09/30/18	Regulatory	Allowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	719.00	9	2018	JRNL00199123	09/30/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	3.97	9	2018	JRNL00199122	09/30/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	775.50	9	2018	JRNL00199122	09/30/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	614.00	9	2018	JRNL00199122	09/30/18	Resident Matter	Allowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	702.95	9	2018	JRNL00199118	09/30/18	Regulatory	Allowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	39.85	10	2018	JRNL00199909	10/31/18	Resident Matter	Allowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	151.50	10	2018	JRNL00199907	10/31/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	1,160.50	10	2018	JRNL00199907	10/31/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	39.85	11	2018	JRNL00200484	11/30/18	Resident Matter	Allowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	473.10	11	2018	JRNL00200484	11/30/18	Collection	NonAllowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	1,152.50	11	2018	JRNL00200484	11/30/18	Guardianship	Allowable
CCMIDWST	030	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 09	2,130.35	11	2018	JRNL00200375	11/30/18	Regulatory	Allowable
					21,050.90						

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 $5,380**

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

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **No** If YES, what is the capacity? **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 expens and the location of this expense on Sch. V. $ **47,685** Line **10-2**

(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 fo 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 Departmen during this cost report period. $ **273,295**
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 t the Department, in addition to the daily rate, been properly classifiec 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 fo 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 fo 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 othe times when not in use? **Yes**
f. Has the cost for commuting or other personal use of autos been adjustec 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 ou 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