		FOR BHF USE			

LL1

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: 0051458

Facility Name: Sunrise Skilled Nur & Rehab

Address: 333 S Wrightsman St (Number) Virden (City) 62690 (Zip Code)

County: Macoupin

Telephone Number: (217)965-4821 **Fax #** (217)965-5530

HFS ID Number:

Date of Initial License for Current Owners: 5/1/2011

Type of Ownership:

VOLUNTARY,NON-PROFIT	PROPRIETARY	GOVERNMENTAL
[ ] VOLUNTARY,NON-PROFIT	[X] PROPRIETARY	[ ] GOVERNMENTAL
[ ] Charitable Corp.	[ ] Individual	[ ] State
[ ] Trust	[ ] Partnership	[ ] County
IRS Exemption Code	[ ] Corporation	[ ] Other
	[ ] "Sub-S" Corp.	
	[X] 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 ______ to ______ 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)	Chris Joos Partner
	(Firm Name & Address)	Plante & Moran, PLLC 250 S High Street, Suite 100
	(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 Sunrise Skilled Nur & Rehab # 0051458 Report Period Beginning: Ending:

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	41	Skilled (SNF)	41	14,965	1
2		Skilled Pediatric (SNF/PED)			2
3	58	Intermediate (ICF)	58	21,170	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	99	TOTALS	99	36,135	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	3,296	2,438	2,106	7,840	8
9	SNF/PED					9
10	ICF	10,147	3,799	6	13,952	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	13,443	6,237	2,112	21,792	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 60.31%

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)
None

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 [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 05/01/2011

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 05/01/2011 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 39 and days of care provided 1,811

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: 12/31/2018 Fiscal Year: 12/31/2018

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

Facility Name & ID Number: Sunrise Skilled Nur & Rehab # 0051458 Report Period Beginning: Ending:

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

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY 9	10	
	A. General Services											
1	Dietary	128,260	13,070	11,763	153,093	0	153,093	0	153,093			1
2	Food Purchase		125,825		125,825	0	125,825	0	125,825			2
3	Housekeeping	69,897	12,684	5,032	87,613	0	87,613	0	87,613			3
4	Laundry	30,935	4,748	0	35,683	0	35,683	0	35,683			4
5	Heat and Other Utilities			126,450	126,450	0	126,450	0	126,450			5
6	Maintenance	36,092	16,369	27,366	79,827	0	79,827	0	79,827			6
7	Other (specify):* Trash & Refuse	0	0	2,963	2,963	0	2,963	0	2,963			7
8	TOTAL General Services	265,184	172,696	173,574	611,454	0	611,454	0	611,454			8
	B. Health Care and Programs											
9	Medical Director	0	0	17,900	17,900	0	17,900	0	17,900			9
10	Nursing and Medical Records	1,265,848	49,944	132,369	1,448,161	0	1,448,161	0	1,448,161			10
10a	Therapy	0	0	389,839	389,839	0	389,839	0	389,839			10a
11	Activities	38,246	4,052	4,716	47,014	0	47,014	0	47,014			11
12	Social Services	95,285	0	13,726	109,011	0	109,011	0	109,011			12
13	CNA Training	0	0	0	0	0	0	0	0			13
14	Program Transportation	0	0	15,799	15,799	0	15,799	0	15,799			14
15	Other (specify):* H.O. Direct Care	0	0	0	0	0	0	23,544	23,544			15
16	TOTAL Health Care and Programs	1,399,379	53,996	574,349	2,027,724	0	2,027,724	23,544	2,051,268			16
	C. General Administration											
17	Administrative	37,804	0	196,731	234,535	0	234,535	77,040	311,575			17
18	Directors Fees			0	0	0	0	0	0			18
19	Professional Services			132,623	132,623	0	132,623	0	132,623			19
20	Dues, Fees, Subscriptions & Promotions			30,987	30,987	0	30,987	(1,942)	29,045			20
21	Clerical & General Office Expenses	83,680	20,709	141,507	245,896	0	245,896	(96,087)	149,809			21
22	Employee Benefits & Payroll Taxes			367,387	367,387	0	367,387	(457)	366,930			22
23	Inservice Training & Education			0	0	0	0	0	0			23
24	Travel and Seminar			370	370	0	370	0	370			24
25	Other Admin. Staff Transportation		0	1,285	1,285	0	1,285	0	1,285			25
26	Insurance-Prop.Liab.Malpractice			181,470	181,470	0	181,470	0	181,470			26
27	Other (specify):* Contract Admin	2,227	0	145,869	148,096	0	148,096	(16,628)	131,468			27
28	TOTAL General Administration	123,711	20,709	1,198,229	1,342,649	0	1,342,649	(38,074)	1,304,575			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	1,788,274	247,401	1,946,152	3,981,827	0	3,981,827	(14,530)	3,967,297			29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			106,465	106,465	0	106,465	82,776	189,241			30
31	Amortization of Pre-Op. & Org.			0	0	0	0	0	0			31
32	Interest			0	0	0	0	23,469	23,469			32
33	Real Estate Taxes			27,578	27,578	0	27,578	(9,165)	18,413			33
34	Rent-Facility & Grounds			97,468	97,468	0	97,468	(97,468)	0			34
35	Rent-Equipment & Vehicles			33,868	33,868	0	33,868	0	33,868			35
36	Other (specify):* Business Taxes			173	173	0	173	(173)	0			36
37	TOTAL Ownership			265,552	265,552	0	265,552	(561)	264,991			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0			38
39	Ancillary Service Centers	0	7,225	79,731	86,956	0	86,956	0	86,956			39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0			40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0			41
42	Provider Participation Fee	0	0	174,723	174,723	0	174,723	0	174,723			42
43	Other (specify):*	0	0	0	0	0	0	0	0			43
44	TOTAL Special Cost Centers	0	7,225	254,454	261,679	0	261,679	0	261,679			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	1,788,274	254,626	2,466,158	4,509,058	0	4,509,058	(15,091)	4,493,967			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 Sunrise Skilled Nur & Rehab # 0051458 Report Period Beginning: Ending:

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

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 BHF USE ONLY	
1	Day Care	$ 0		$	1
2	Other Care for Outpatients	0			2
3	Governmental Sponsored Special Programs	0			3
4	Non-Patient Meals	0			4
5	Telephone, TV & Radio in Resident Rooms	0			5
6	Rented Facility Space	0			6
7	Sale of Supplies to Non-Patients	0			7
8	Laundry for Non-Patients	0			8
9	Non-Straightline Depreciation	0			9
10	Interest and Other Investment Income	(8,084)	32		10
11	Discounts, Allowances, Rebates & Refunds	0			11
12	Non-Working Officer's or Owner's Salary	0			12
13	Sales Tax	0			13
14	Non-Care Related Interest	0			14
15	Non-Care Related Owner's Transactions	0			15
16	Personal Expenses (Including Transportation)	0			16
17	Non-Care Related Fees	0			17
18	Fines and Penalties	(21,275)	21		18
19	Entertainment	0			19
20	Contributions	0			20
21	Owner or Key-Man Insurance	0			21
22	Special Legal Fees & Legal Retainers	0			22
23	Malpractice Insurance for Individuals	0			23
24	Bad Debt	(77,382)	21		24
25	Fund Raising, Advertising and Promotional	(16,628)	27		25
26	Income Taxes and Illinois Personal Property Replacement Tax	0	36		26
27	CNA Training for Non-Employees	0			27
28	Yellow Page Advertising	0			28
29	Other-Attach Schedule	(9,167)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (132,536)		$ 0	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*	$ 0	0	31
32	Donated Goods-Attach Schedule*	0	0	32
33	Amortization of Organization & Pre-Operating Expense	0	0	33
34	Adjustments for Related Organization Costs (Schedule VII)	117,445	VII-B	34
35	Other- Attach Schedule	0		35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 117,445		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (15,091)		37

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

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

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$ 0		47

STATE OF ILLINOIS

Sunrise Skilled Nur & Rehab

ID# 0051458

Report Period Beginning:

Ending:

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Independent Living	$ 0	43	1
2	Non-Allowable Benefits (Marketing & ILU)	(457)	22	2
3	Bank Charges	(1,508)	21	3
4	Business Taxes	(173)	36	4
5	Patient Theft and Loss	(72)	21	5
6	Prior Year Expense	4,150	21	6
7	Nonallowable PAC Dues	(1,942)	20	7
8	Real Estate Tax Accrual	(9,165)	33	8
9		0		9
10		0		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**	(9,167)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Sunrise Skilled Nur & Rehab # 0051458 Report Period Beginning: Ending:

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	0	0	0	0	0	0	0	0	0	0	0	0	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):* **H.O. Direct Care**	0	0	0	23,544	0	0	0	0	0	0	0	23,544	15
16	**TOTAL Health Care and Programs**	0	0	0	23,544	0	0	0	0	0	0	0	23,544	16
	C. General Administration													
17	Administrative	0	0	0	77,040	0	0	0	0	0	0	0	77,040	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	(1,942)	0	0	0	0	0	0	0	0	0	0	(1,942)	20
21	Clerical & General Office Expenses	(96,087)	0	0	0	0	0	0	0	0	0	0	(96,087)	21
22	Employee Benefits & Payroll Taxes	(457)	0	0	0	0	0	0	0	0	0	0	(457)	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 &**	(16,628)	0	0	0	0	0	0	0	0	0	0	(16,628)	27
28	**TOTAL General Administration**	(115,114)	0	0	77,040	0	0	0	0	0	0	0	(38,074)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(115,114)	0	0	100,584	0	0	0	0	0	0	0	(14,530)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Sunrise Skilled Nur & Rehab # 0051458 Report Period Beginning: Ending:

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	53,387	0	29,389	0	0	0	0	0	0	0	82,776	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(8,084)	0	0	31,553	0	0	0	0	0	0	0	23,469	32
33	Real Estate Taxes	(9,165)	0	0	0	0	0	0	0	0	0	0	(9,165)	33
34	Rent-Facility & Grounds	0	(97,468)	0	0	0	0	0	0	0	0	0	(97,468)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):* BUSINESS TAX	(173)	0	0	0	0	0	0	0	0	0	0	(173)	36
37	**TOTAL Ownership**	(17,422)	(44,081)	0	60,942	0	0	0	0	0	0	0	(561)	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)**	(132,536)	(44,081)	0	161,526	0	0	0	0	0	0	0	(15,091)	45

Facility Name & ID Number Sunrise Skilled Nur & Rehab # 0051458 **Report Period Beginning:** **Ending:**

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. [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)	
1	V	34	Rent	$ 97,468	CC Virden, LLC	100.00%	$	$ (97,468)	1
2	V	30	Depreciation		CC Virden, LLC	100.00%	53,387	53,387	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			$ 97,468			$ 53,387	$ * (44,081)	14

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

Facility Name & ID Number Sunrise Skilled Nur & Rehab # 0051458 Report Period Beginning: Ending:

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		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	10a	Physical Therapy	$ 172,208	Affirma Rehabilitation	100.00%	$ 176,398	$ 4,190	15
16	V	10a	Occupational Therapy	167,217	Affirma Rehabilitation	100.00%	163,998	(3,219)	16
17	V	10a	Speech Therapy	50,414	Affirma Rehabilitation	100.00%	49,443	(971)	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			$ 389,839			$ 389,839	$ *	39

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

Facility Name & ID Number Sunrise Skilled Nur & Rehab # 0051458 Report Period Beginning: Ending:

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		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	43	NonAllow	$	Covenant Care California, LLC	100.00%	$	$	15
16	V	15	Direct		Covenant Care California, LLC	100.00%	23,544	23,544	16
17	V	17	Indirect		Covenant Care California, LLC	100.00%	273,771	273,771	17
18	V	32	Interest		Covenant Care California, LLC	100.00%	31,553	31,553	18
19	V	30	Depreciation		Covenant Care California, LLC	100.00%	29,389	29,389	19
20	V	17	Management Fees	196,731	Covenant Care California, LLC	100.00%		(196,731)	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			$ 196,731			$ 358,257	$ * 161,526	39

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

STATE OF ILLINOIS

Facility Name & ID Number Sunrise Skilled Nur & Rehab # 0051458 Report Period Beginning: Ending:

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	CC VIRDEN LLC	VIRDEN, IL	BUILDING CO	1
2			ARBOR PLACE	CALIFORNIA	COVENANT CARE CALIFORNIA, LLC		MANAGEMENT C(	2
3			BUENA VISTA CARE CENTER, A NURSING &	CALIFORNIA	AFFIRMA REHABILITATION		THERAPY	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 Sunrise Skilled Nur & Rehab # 0051458 Report Period Beginning: Ending:

VII. RELATED PARTIES

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

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

Facility Name & ID Number Sunrise Skilled Nur & Rehab # 0051458 Report Period Beginning: Ending:

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	
					Compensation Received From Other	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	
	Name	Title	Function	Ownership Interest	Nursing Homes*	Hours	Percent	Description	Amount	Reference	
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 Sunrise Skilled Nur & Rehab # 0051458 Report Period Beginning: Ending:

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]

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

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

	1 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 Sunrise Skilled Nur & Rehab # 0051458 Report Period Beginning: Ending:

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	Physical Therapy	Direct Allocation			$	$		$ 172,208	1
2	39	Occupational Therapy	Direct Allocation						167,217	2
3	39	Speech Therapy	Direct Allocation						50,414	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					$	$		$ 389,839	25

Facility Name & ID Number Sunrise Skilled Nur & Rehab # 0051458 Report Period Beginning: Ending:

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: Alsio 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	43	NonAllow	Accumulated Cost			$	$		$	1
2	15	Direct	Accumulated Cost						23,544	2
3	17	Indirect	Accumulated Cost						273,771	3
4	32	Interest	Accumulated Cost						31,553	4
5	30	Depreciation	Accumulated Cost						29,389	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					$	$		$ 358,257	25

Facility Name & ID Number Sunrise Skilled Nur & Rehab # 0051458 **Report Period Beginning:** **Ending:**

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1							$	$			$	1
2												2
3												3
4												4
5												5
	Working Capital											
6	Allocated from Covenant Care (	X									31,553	6
7												7
8												8
9	TOTAL Facility Related						$ 0	$ 0			$ 31,553	9
	B. Non-Facility Related*											
10	Interest Income		X								(8,084)	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$ 0	$ 0			$ (8,084)	14
15	TOTALS (line 9+line14)						$ 0	$ 0			$ 23,469	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 Sunrise Skilled Nur & Rehab # 0051458 Report Period Beginning: Ending:

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

B. Real Estate Taxes

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

Description		Amount	Line
1. Real Estate Tax accrual used on 2017 report.	$	36,743	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.)	$	27,578	2
3. Under or (over) accrual (line 2 minus line 1).	$	(9,165)	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)	$	27,578	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	$	18,413	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:

Year	Amount	Line
2013	33,258	8
2014	31,063	9
2015	36,361	10
2016	36,743	11
2017	27,578	12

FOR BHF USE ONLY

Line	Description		Amount	Line
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 Sunrise Skilled Nur & Rehab COUNTY Macoupin

FACILITY IDPH LICENSE NUMBER 0051458

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)	(B)	(C)	(D)
	Tax Index Number	**Property Description**	**Total Tax**	**Tax Applicable to Nursing Home**
1.	08-000-148-01	Long Term Care Property	$ 27,578.30	$ 27,578.30
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 27,578.30	$ 27,578.30

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.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 28,444 B. General Construction Type: Exterior Masonry Frame Wood & Steel Number of Stories 1

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

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

D. Does the Operating Entity? [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).

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	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1				$	1
2					2
3	TOTALS			$ 0	3

Facility Name & ID Number Sunrise Skilled Nur & Rehab # 0051458 Report Period Beginning: Ending:

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	99		2015	1970	$ 595,949	$ 17,027	35	$ 17,027	$	$ 69,527	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various			2011	74,586	4,129	20	4,129		28,901	9
10	Various			2012	399,176	17,101	20	17,101		102,606	10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

*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 Sunrise Skilled Nur & Rehab # 0051458 Report Period Beginning: Ending:

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 Building Company (Pages 12F & 12G)			19,865		19,865		69,527	67
68	Related Party Allocations (Pages 12H & 12I)			29,389		29,389			68
69	Financial Statement Depreciation			32,354		32,354		171,153	69
70	TOTAL (lines 4 thru 69)		$ 1,069,711	$ 119,865		$ 119,865	$ 0	$ 441,714	70

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

Facility Name & ID Number Sunrise Skilled Nur & Rehab # 0051458 Report Period Beginning: Ending:

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		$ 1,069,711	$ 119,865		$ 119,865	$	$ 441,714	1
2	Four Graber Lake Forest 2" Faux Wood Blinds	2013	3,334	167	20	167		834	2
3	Generator	2013	24,299	1,215	20	1,215		6,075	3
4	Hvac Repair	2014	3,906	195	20	195		781	4
5	7.5 Ton A/C Unit	2014	4,650	233	20	233		931	5
6	Wall Guards/Cove Base- East,Ne,Nw Wings, North Hall	2014	6,692	335	20	335		1,339	6
7	Wanderguard System	2015	19,970	999	20	999		2,996	7
8	6 Ptac Units	2015	10,676	534	20	534		1,602	8
9	Grease Trap Replacement	2016	3,169	158	20	158		316	9
10	Earthwork/Asphalt Paving/Flooring/Siding/Gutters Replacement	2016	135,162	6,758	20	6,758		13,516	10
11	Install New Valves & Couplings For Fire Sprinkler	2016	2,850	142	20	142		284	11
12	Toilet for Restroom	2017	671	50	10	50	0	50	12
13	Motors for 6 PTAC units	2017	2,991	249	7	249	0	249	13
14	Repair of 41 PTAC Units	2017	59,691	4,264	7	4,264	(0)	4,264	14
15	Drain line repair, replace Toilet	2017	2,370	113	7	113	(0)	113	15
16	Water Heater	2017	5,171		7				16
17	Replace Boiler Pump	2017	1,655		7				17
18	Water Heater	2018	1,609		7				18
19	Exhaust Hoods Fan	2018	2,663		7				19
20	AC Repair Compressor	2018	3,493		7				20
21	Accumulated Depreciation and Depreciation			12,753		12,753		120,776	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)		$ 1,364,732	$ 148,030		$ 148,030	$ (0)	$ 595,840	34

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

Facility Name & ID Number Sunrise Skilled Nur & Rehab # 0051458 Report Period Beginning: Ending:

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	$ 202,757	$ 39,811	$ 39,811	$ 0		$ 101,987	71
72	Current Year Purchases	3,590	634	634	0	5	634	72
73	Fully Depreciated Assets	137,616			0		137,616	73
74					0			74
75	TOTALS	$ 343,963	$ 40,445	$ 40,445	$ 0		$ 240,237	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Facility	2013 Ford Van	2018	$ 10,722	$ 766	$ 766	$ (0)	7	$ 766	76
77							0			77
78							0			78
79							0			79
80	TOTALS			$ 10,722	$ 766	$ 766	$ (0)		$ 766	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)	$ 1,719,418	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 189,241	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 189,241	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)	$ 836,843	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 Sunrise Skilled Nur & Rehab # 0051458 Report Period Beginning: Ending:

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$ 97,468			3
4	Additions							4
5								5
6								6
7	TOTAL				$ 97,468 **			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: $ 30,388 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	Facility	Van	$ 290.00	$ 3,480	17
18					18
19					19
20					20
21	TOTAL		$ 290.00	$ 3,480	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.

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Company	Locn	Dept	Account	Journal_Description	Amount	Month	Year	JournalNumber	ApplyDate
CCMIDWST	074	6110	60000620	Acc 1/18 ISV Joerns-0095236442-01	235.29	1	2018	JRNL00192655	01/31/18
CCMIDWST	074	6110	60000620	Acc 1/18 ISV Joerns-0095236442-01	(235.29)	2	2018	JRNL00193368	02/28/18
CCMIDWST	074	6110	60000620	Acc 1/18 ISV Joerns-0095236444-01	465.00	1	2018	JRNL00192655	01/31/18
CCMIDWST	074	6110	60000620	Acc 1/18 ISV Joerns-0095236444-01	(465.00)	2	2018	JRNL00193368	02/28/18
CCMIDWST	074	6110	60000620	Acc 10/18 ISV Joerns-0095607572-01	465.00	10	2018	JRNL00200087	10/31/18
CCMIDWST	074	6110	60000620	Acc 10/18 ISV Joerns-0095607572-01	(465.00)	11	2018	JRNL00200405	11/30/18
CCMIDWST	074	6110	60000620	Acc 10/18 ISV Joerns-0095607573-01	235.29	10	2018	JRNL00200087	10/31/18
CCMIDWST	074	6110	60000620	Acc 10/18 ISV Joerns-0095607573-01	(235.29)	11	2018	JRNL00200405	11/30/18
CCMIDWST	074	6110	60000620	Acc 11/18 ISV Joerns-0095651064-01	450.00	11	2018	JRNL00200502	11/30/18
CCMIDWST	074	6110	60000620	Acc 11/18 ISV Joerns-0095651064-01	(450.00)	12	2018	JRNL00200943	12/31/18
CCMIDWST	074	6110	60000620	Acc 11/18 ISV Joerns-0095651065-01	227.70	11	2018	JRNL00200502	11/30/18
CCMIDWST	074	6110	60000620	Acc 11/18 ISV Joerns-0095651065-01	(227.70)	12	2018	JRNL00200943	12/31/18
CCMIDWST	074	6110	60000620	Acc 12/17 ISV Joerns-0095194526-01	(465.00)	1	2018	JRNL00192524	01/31/18
CCMIDWST	074	6110	60000620	Acc 12/17 ISV Joerns-0095194529-01	(235.29)	1	2018	JRNL00192524	01/31/18
CCMIDWST	074	6110	60000620	Acc 12/18 ISV Joerns-0095682580-01	465.00	12	2018	JRNL00201031	12/31/18
CCMIDWST	074	6110	60000620	Acc 12/18 ISV Joerns-0095682581-01	235.29	12	2018	JRNL00201031	12/31/18
CCMIDWST	074	6110	60000620	Acc 2/18 ISV Joerns-0095268586-01	420.00	2	2018	JRNL00193339	02/28/18
CCMIDWST	074	6110	60000620	Acc 2/18 ISV Joerns-0095268586-01	(420.00)	3	2018	JRNL00193932	03/31/18
CCMIDWST	074	6110	60000620	Acc 2/18 ISV Joerns-0095268587-01	212.52	2	2018	JRNL00193339	02/28/18
CCMIDWST	074	6110	60000620	Acc 2/18 ISV Joerns-0095268587-01	(212.52)	3	2018	JRNL00193932	03/31/18
CCMIDWST	074	6110	60000620	Acc 3/18 Joerns-0095314780-01	235.29	3	2018	JRNL00194269	03/31/18
CCMIDWST	074	6110	60000620	Acc 3/18 Joerns-0095314780-01	(235.29)	4	2018	JRNL00194893	04/30/18
CCMIDWST	074	6110	60000620	Acc 3/18 Joerns-0095314781-01	465.00	3	2018	JRNL00194269	03/31/18
CCMIDWST	074	6110	60000620	Acc 3/18 Joerns-0095314781-01	(465.00)	4	2018	JRNL00194893	04/30/18
CCMIDWST	074	6110	60000620	Acc 4/18 ISV Joerns-0095354376-01	450.00	4	2018	JRNL00195151	04/30/18
CCMIDWST	074	6110	60000620	Acc 4/18 ISV Joerns-0095354376-01	(450.00)	5	2018	JRNL00195632	05/31/18
CCMIDWST	074	6110	60000620	Acc 4/18 ISV Joerns-0095354501-01	227.70	4	2018	JRNL00195151	04/30/18
CCMIDWST	074	6110	60000620	Acc 4/18 ISV Joerns-0095354501-01	(227.70)	5	2018	JRNL00195632	05/31/18
CCMIDWST	074	6110	60000620	Acc 5/18 ISV Joerns-0095395228-01	235.29	5	2018	JRNL00195829	05/31/18
CCMIDWST	074	6110	60000620	Acc 5/18 ISV Joerns-0095395228-01	(235.29)	6	2018	JRNL00196467	06/30/18
CCMIDWST	074	6110	60000620	Acc 5/18 ISV Joerns-0095395267-01	465.00	5	2018	JRNL00195829	05/31/18
CCMIDWST	074	6110	60000620	Acc 5/18 ISV Joerns-0095395267-01	(465.00)	6	2018	JRNL00196467	06/30/18
CCMIDWST	074	6110	60000620	Acc 6/18 ISV Joerns-0095437129-01	450.00	6	2018	JRNL00196741	06/30/18
CCMIDWST	074	6110	60000620	Acc 6/18 ISV Joerns-0095437129-01	(450.00)	7	2018	JRNL00197370	07/31/18
CCMIDWST	074	6110	60000620	Acc 6/18 ISV Joerns-0095437130-01	227.70	6	2018	JRNL00196741	06/30/18
CCMIDWST	074	6110	60000620	Acc 6/18 ISV Joerns-0095437130-01	(227.70)	7	2018	JRNL00197370	07/31/18
CCMIDWST	074	6110	60000620	Acc 7/18 Joerns Inv95480668	465.00	7	2018	JRNL00197557	07/31/18
CCMIDWST	074	6110	60000620	Acc 7/18 Joerns Inv95480668	(465.00)	8	2018	JRNL00198272	08/31/18
CCMIDWST	074	6110	60000620	Acc 7/18 Joerns Inv95480669	235.29	7	2018	JRNL00197557	07/31/18
CCMIDWST	074	6110	60000620	Acc 7/18 Joerns Inv95480669	(235.29)	8	2018	JRNL00198272	08/31/18
CCMIDWST	074	6110	60000620	Acc 8/18 ISV Joerns-0095525837-01	235.29	8	2018	JRNL00198465	08/31/18
CCMIDWST	074	6110	60000620	Acc 8/18 ISV Joerns-0095525837-01	(235.29)	9	2018	JRNL00199004	09/30/18
CCMIDWST	074	6110	60000620	Acc 8/18 ISV Joerns-0095525838-01	465.00	8	2018	JRNL00198465	08/31/18
CCMIDWST	074	6110	60000620	Acc 8/18 ISV Joerns-0095525838-01	(465.00)	9	2018	JRNL00199004	09/30/18
CCMIDWST	074	6110	60000620	Acc 9/18 ISV Joerns-0095571337-01	227.70	9	2018	JRNL00199289	09/30/18
CCMIDWST	074	6110	60000620	Acc 9/18 ISV Joerns-0095571337-01	(227.70)	10	2018	JRNL00199692	10/31/18
CCMIDWST	074	6110	60000620	Acc 9/18 ISV Joerns-0095571338-01	450.00	9	2018	JRNL00199289	09/30/18
CCMIDWST	074	6110	60000620	Acc 9/18 ISV Joerns-0095571338-01	(450.00)	10	2018	JRNL00199692	10/31/18
CCMIDWST	074	6110	60000620	ISAVE - JOERNS - 099	235.29	1	2018	JRNL00192225	01/08/18
CCMIDWST	074	6110	60000620	ISAVE - JOERNS - 099	465.00	1	2018	JRNL00192225	01/08/18
CCMIDWST	074	6110	60000620	ISAVE - JOERNS - 099	235.29	2	2018	JRNL00193198	02/05/18
CCMIDWST	074	6110	60000620	ISAVE - JOERNS - 099	465.00	2	2018	JRNL00193198	02/05/18
CCMIDWST	074	6110	60000620	ISAVE - JOERNS - 099	420.00	3	2018	JRNL00193911	03/05/18
CCMIDWST	074	6110	60000620	ISAVE - JOERNS - 099	212.52	3	2018	JRNL00193911	03/05/18
CCMIDWST	074	6110	60000620	ISAVE - JOERNS - 099	235.29	4	2018	JRNL00194561	04/09/18
CCMIDWST	074	6110	60000620	ISAVE - JOERNS - 099	465.00	4	2018	JRNL00194561	04/09/18
CCMIDWST	074	6110	60000620	ISAVE - JOERNS - 099	450.00	5	2018	JRNL00195372	05/07/18
CCMIDWST	074	6110	60000620	ISAVE - JOERNS - 099	227.70	5	2018	JRNL00195372	05/07/18
CCMIDWST	074	6110	60000620	ISAVE - JOERNS - 099	465.00	6	2018	JRNL00196286	06/11/18
CCMIDWST	074	6110	60000620	ISAVE - JOERNS - 099	235.29	6	2018	JRNL00196286	06/11/18
CCMIDWST	074	6110	60000620	ISAVE - JOERNS - 099	450.00	7	2018	JRNL00196994	07/09/18
CCMIDWST	074	6110	60000620	ISAVE - JOERNS - 099	227.70	7	2018	JRNL00196994	07/09/18
CCMIDWST	074	6110	60000620	ISAVE - JOERNS - 099	235.29	8	2018	JRNL00197975	08/06/18
CCMIDWST	074	6110	60000620	ISAVE - JOERNS - 099	465.00	8	2018	JRNL00197975	08/06/18
CCMIDWST	074	6110	60000620	ISAVE - JOERNS - 099	235.29	9	2018	JRNL00198716	09/10/18
CCMIDWST	074	6110	60000620	ISAVE - JOERNS - 099	465.00	9	2018	JRNL00198716	09/10/18
CCMIDWST	074	6110	60000620	ISAVE - JOERNS - 099	227.70	10	2018	JRNL00199726	10/08/18
CCMIDWST	074	6110	60000620	ISAVE - JOERNS - 099	450.00	10	2018	JRNL00199726	10/08/18
CCMIDWST	074	6110	60000620	ISAVE - JOERNS - 099	235.29	11	2018	JRNL00200392	11/12/18
CCMIDWST	074	6110	60000620	ISAVE - JOERNS - 099	465.00	11	2018	JRNL00200392	11/12/18
CCMIDWST	074	6110	60000620	ISAVE - JOERNS - 099	227.70	12	2018	JRNL00200794	12/10/18
CCMIDWST	074	6110	60000620	ISAVE - JOERNS - 099	450.00	12	2018	JRNL00200794	12/10/18
CCMIDWST	074	6200	60000620	WHEELER & ROSS HARDWARE INC. - 074	75.00	1	2018	JRNL00192346	01/31/18
CCMIDWST	074	6500	60000620	ECOLAB - 074	75.88	1	2018	JRNL00192113	01/18/18
CCMIDWST	074	6500	60000620	ECOLAB - 074	75.88	2	2018	JRNL00193009	02/23/18
CCMIDWST	074	6500	60000620	ECOLAB - 074	75.88	3	2018	JRNL00193754	03/16/18
CCMIDWST	074	6500	60000620	ECOLAB - 074	75.88	4	2018	JRNL00194581	04/23/18
CCMIDWST	074	6500	60000620	ECOLAB - 074	75.88	5	2018	JRNL00195533	05/29/18
CCMIDWST	074	6500	60000620	ECOLAB - 074	75.88	6	2018	JRNL00196398	06/25/18
CCMIDWST	074	6500	60000620	ECOLAB - 074	75.88	7	2018	JRNL00197284	07/26/18
CCMIDWST	074	6500	60000620	ECOLAB - 074	75.88	8	2018	JRNL00198182	08/28/18
CCMIDWST	074	6500	60000620	ECOLAB - 074	75.88	9	2018	JRNL00198917	09/22/18
CCMIDWST	074	6500	60000620	ECOLAB - 074	75.88	10	2018	JRNL00199848	10/31/18
CCMIDWST	074	6500	60000620	ECOLAB - 074	75.88	11	2018	JRNL00200554	11/30/18
CCMIDWST	074	6500	60000620	ECOLAB - 074	75.88	12	2018	JRNL00200948	12/31/18
CCMIDWST	074	6901	60000620	Acc est HPFS Lease 11/18	226.00	11	2018	JRNL00200703	11/30/18
CCMIDWST	074	6901	60000620	Acc est HPFS Lease 11/18	(226.00)	12	2018	JRNL00200944	12/31/18
CCMIDWST	074	6901	60000620	Acc HPFS sch 30 12/2018	226.34	12	2018	JRNL00201226	12/31/18
CCMIDWST	074	6901	60000620	Acc Konica Minolta MFP 3/18	139.70	3	2018	JRNL00194614	03/31/18
CCMIDWST	074	6901	60000620	Acc Konica Minolta MFP 3/18	216.21	3	2018	JRNL00194614	03/31/18
CCMIDWST	074	6901	60000620	Acc Konica Minolta MFP 3/18	(139.70)	4	2018	JRNL00194894	04/30/18
CCMIDWST	074	6901	60000620	Acc Konica Minolta MFP 3/18	(216.21)	4	2018	JRNL00194894	04/30/18
CCMIDWST	074	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	226.34	10	2018	JRNL00199824	10/31/18
CCMIDWST	074	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	226.34	10	2018	JRNL00199825	10/31/18
CCMIDWST	074	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	226.34	10	2018	JRNL00200245	10/31/18
CCMIDWST	074	6901	60000620	HEWLETT-PACKARD FINANCIAL SERVICES - 099	226.34	12	2018	JRNL00200893	12/24/18
CCMIDWST	074	6901	60000620	KONICA MINOLTA PREMIER/DLL - 099	158.43	1	2018	JRNL00192071	01/17/18
CCMIDWST	074	6901	60000620	KONICA MINOLTA PREMIER/DLL - 099	239.76	1	2018	JRNL00192071	01/17/18
CCMIDWST	074	6901	60000620	KONICA MINOLTA PREMIER/DLL - 099	378.15	2	2018	JRNL00193069	02/28/18
CCMIDWST	074	6901	60000620	KONICA MINOLTA PREMIER/DLL - 099	139.70	4	2018	JRNL00194449	04/14/18
CCMIDWST	074	6901	60000620	KONICA MINOLTA PREMIER/DLL - 099	216.21	4	2018	JRNL00194449	04/14/18
CCMIDWST	074	6901	60000620	KONICA MINOLTA PREMIER/DLL - 099	139.70	5	2018	JRNL00195344	05/17/18
CCMIDWST	074	6901	60000620	KONICA MINOLTA PREMIER/DLL - 099	216.21	5	2018	JRNL00195344	05/17/18
CCMIDWST	074	6901	60000620	KONICA MINOLTA PREMIER/DLL - 099	139.70	6	2018	JRNL00196358	06/22/18
CCMIDWST	074	6901	60000620	KONICA MINOLTA PREMIER/DLL - 099	216.21	6	2018	JRNL00196358	06/22/18
CCMIDWST	074	8131	60000620	Acc 1/18 ISV Joerns-0095236472-01	170.50	1	2018	JRNL00192655	01/31/18
CCMIDWST	074	8131	60000620	Acc 1/18 ISV Joerns-0095236472-01	(170.50)	2	2018	JRNL00193368	02/28/18
CCMIDWST	074	8131	60000620	Acc 10/18 ISV Joerns-0095607558-01	27.50	10	2018	JRNL00200087	10/31/18
CCMIDWST	074	8131	60000620	Acc 10/18 ISV Joerns-0095607558-01	(27.50)	11	2018	JRNL00200405	11/30/18
CCMIDWST	074	8131	60000620	Acc 10/18 ISV Joerns-0095607661-01	170.50	10	2018	JRNL00200087	10/31/18
CCMIDWST	074	8131	60000620	Acc 10/18 ISV Joerns-0095607661-01	(170.50)	11	2018	JRNL00200405	11/30/18
CCMIDWST	074	8131	60000620	Acc 11/18 ISV Joerns-0095651053-01	165.00	11	2018	JRNL00200502	11/30/18
CCMIDWST	074	8131	60000620	Acc 11/18 ISV Joerns-0095651053-01	(165.00)	12	2018	JRNL00200943	12/31/18
CCMIDWST	074	8131	60000620	Acc 11/18 ISV Joerns-0095651080-01	11.00	11	2018	JRNL00200502	11/30/18
CCMIDWST	074	8131	60000620	Acc 11/18 ISV Joerns-0095651080-01	(11.00)	12	2018	JRNL00200943	12/31/18
CCMIDWST	074	8131	60000620	Acc 12/17 ISV Joerns-0095194646-01	(170.50)	1	2018	JRNL00192524	01/31/18
CCMIDWST	074	8131	60000620	Acc 12/18 ISV Joerns-0095682541-01	170.50	12	2018	JRNL00201031	12/31/18
CCMIDWST	074	8131	60000620	Acc 12/18 ISV Joerns-0095682607-01	77.00	12	2018	JRNL00201031	12/31/18
CCMIDWST	074	8131	60000620	Acc 2/18 ISV Joerns-0095268655-01	154.00	2	2018	JRNL00193339	02/28/18
CCMIDWST	074	8131	60000620	Acc 2/18 ISV Joerns-0095268655-01	(154.00)	3	2018	JRNL00193932	03/31/18
CCMIDWST	074	8131	60000620	Acc 3/18 Joerns-0095314779-01	170.50	3	2018	JRNL00194269	03/31/18
CCMIDWST	074	8131	60000620	Acc 3/18 Joerns-0095314779-01	(170.50)	4	2018	JRNL00194893	04/30/18
CCMIDWST	074	8131	60000620	Acc 3/18 Joerns-0095314782-01	1,071.00	3	2018	JRNL00194269	03/31/18
CCMIDWST	074	8131	60000620	Acc 3/18 Joerns-0095314782-01	(1,071.00)	4	2018	JRNL00194893	04/30/18
CCMIDWST	074	8131	60000620	Acc 3/18 Joerns-0095314782-02	(319.48)	3	2018	JRNL00194269	03/31/18
CCMIDWST	074	8131	60000620	Acc 3/18 Joerns-0095314782-02	319.48	4	2018	JRNL00194893	04/30/18
CCMIDWST	074	8131	60000620	Acc 3/18 Joerns-0095314783-01	44.00	3	2018	JRNL00194269	03/31/18
CCMIDWST	074	8131	60000620	Acc 3/18 Joerns-0095314783-01	(44.00)	4	2018	JRNL00194893	04/30/18
CCMIDWST	074	8131	60000620	Acc 3/18 Joerns-0095314784-01	60.50	3	2018	JRNL00194269	03/31/18
CCMIDWST	074	8131	60000620	Acc 3/18 Joerns-0095314784-01	(60.50)	4	2018	JRNL00194893	04/30/18
CCMIDWST	074	8131	60000620	Acc 4/18 ISV Joerns-0095354406-01	22.00	4	2018	JRNL00195151	04/30/18
CCMIDWST	074	8131	60000620	Acc 4/18 ISV Joerns-0095354406-01	(22.00)	5	2018	JRNL00195632	05/31/18
CCMIDWST	074	8131	60000620	Acc 4/18 ISV Joerns-0095354528-01	165.00	4	2018	JRNL00195151	04/30/18
CCMIDWST	074	8131	60000620	Acc 4/18 ISV Joerns-0095354528-01	(165.00)	5	2018	JRNL00195632	05/31/18
CCMIDWST	074	8131	60000620	Acc 4/18 ISV Joerns-0095354593-01	1,011.50	4	2018	JRNL00195151	04/30/18
CCMIDWST	074	8131	60000620	Acc 4/18 ISV Joerns-0095354593-01	(1,011.50)	5	2018	JRNL00195632	05/31/18
CCMIDWST	074	8131	60000620	Acc 4/18 ISV Joerns-0095354593-02	(301.73)	4	2018	JRNL00195151	04/30/18
CCMIDWST	074	8131	60000620	Acc 4/18 ISV Joerns-0095354593-02	301.73	5	2018	JRNL00195632	05/31/18
CCMIDWST	074	8131	60000620	Acc 5/18 ISV Joerns-0095395285-01	170.50	5	2018	JRNL00195829	05/31/18
CCMIDWST	074	8131	60000620	Acc 5/18 ISV Joerns-0095395285-01	(170.50)	6	2018	JRNL00196467	06/30/18
CCMIDWST	074	8131	60000620	Acc 6/18 ISV Joerns-0095437107-01	165.00	6	2018	JRNL00196741	06/30/18
CCMIDWST	074	8131	60000620	Acc 6/18 ISV Joerns-0095437107-01	(165.00)	7	2018	JRNL00197370	07/31/18
CCMIDWST	074	8131	60000620	Acc 7/18 Joerns Inv95480661	170.50	7	2018	JRNL00197557	07/31/18
CCMIDWST	074	8131	60000620	Acc 7/18 Joerns Inv95480661	(170.50)	8	2018	JRNL00198272	08/31/18
CCMIDWST	074	8131	60000620	Acc 7/18 Joerns Inv95480683	159.50	7	2018	JRNL00197557	07/31/18
CCMIDWST	074	8131	60000620	Acc 7/18 Joerns Inv95480683	(159.50)	8	2018	JRNL00198272	08/31/18
CCMIDWST	074	8131	60000620	Acc 8/18 ISV Joerns-0095525783-01	170.50	8	2018	JRNL00198465	08/31/18
CCMIDWST	074	8131	60000620	Acc 8/18 ISV Joerns-0095525783-01	(170.50)	9	2018	JRNL00199004	09/30/18
CCMIDWST	074	8131	60000620	Acc 8/18 ISV Joerns-0095525826-01	170.50	8	2018	JRNL00198465	08/31/18
CCMIDWST	074	8131	60000620	Acc 8/18 ISV Joerns-0095525826-01	(170.50)	9	2018	JRNL00199004	09/30/18
CCMIDWST	074	8131	60000620	Acc 9/18 ISV Joerns-0095571319-01	165.00	9	2018	JRNL00199289	09/30/18
CCMIDWST	074	8131	60000620	Acc 9/18 ISV Joerns-0095571319-01	(165.00)	10	2018	JRNL00199692	10/31/18
CCMIDWST	074	8131	60000620	Acc 9/18 ISV Joerns-0095571343-01	165.00	9	2018	JRNL00199289	09/30/18
CCMIDWST	074	8131	60000620	Acc 9/18 ISV Joerns-0095571343-01	(165.00)	10	2018	JRNL00199692	10/31/18
CCMIDWST	074	8131	60000620	CR- Joerns 1Q18 Rebate	(157.96)	5	2018	JRNL00196045	05/31/18
CCMIDWST	074	8131	60000620	CR- Joerns 2Q18 Rebate	(154.69)	11	2018	JRNL00200677	11/30/18
CCMIDWST	074	8131	60000620	CR- Joerns 4Q17 Rebate	(238.38)	2	2018	JRNL00193778	02/28/18
CCMIDWST	074	8131	60000620	CR-SMS Q1/18 rebate	(37.89)	6	2018	JRNL00196905	06/30/18
CCMIDWST	074	8131	60000620	CR-SMS Q2/18 rebate	(19.70)	9	2018	JRNL00199305	09/30/18
CCMIDWST	074	8131	60000620	CR-SMS Q3/18 rebate	(18.55)	11	2018	JRNL00200623	11/30/18
CCMIDWST	074	8131	60000620	ISAVE - JOERNS - 099	170.50	1	2018	JRNL00192225	01/08/18
CCMIDWST	074	8131	60000620	ISAVE - JOERNS - 099	170.50	2	2018	JRNL00193198	02/05/18
CCMIDWST	074	8131	60000620	ISAVE - JOERNS - 099	154.00	3	2018	JRNL00193911	03/05/18
CCMIDWST	074	8131	60000620	ISAVE - JOERNS - 099	170.50	4	2018	JRNL00194561	04/09/18
CCMIDWST	074	8131	60000620	ISAVE - JOERNS - 099	(319.48)	4	2018	JRNL00194561	04/09/18
CCMIDWST	074	8131	60000620	ISAVE - JOERNS - 099	1,071.00	4	2018	JRNL00194561	04/09/18
CCMIDWST	074	8131	60000620	ISAVE - JOERNS - 099	60.50	4	2018	JRNL00194561	04/09/18
CCMIDWST	074	8131	60000620	ISAVE - JOERNS - 099	44.00	4	2018	JRNL00194561	04/09/18
CCMIDWST	074	8131	60000620	ISAVE - JOERNS - 099	22.00	5	2018	JRNL00195372	05/07/18
CCMIDWST	074	8131	60000620	ISAVE - JOERNS - 099	1,011.50	5	2018	JRNL00195372	05/07/18
CCMIDWST	074	8131	60000620	ISAVE - JOERNS - 099	(301.73)	5	2018	JRNL00195372	05/07/18
CCMIDWST	074	8131	60000620	ISAVE - JOERNS - 099	165.00	5	2018	JRNL00195372	05/07/18
CCMIDWST	074	8131	60000620	ISAVE - JOERNS - 099	170.50	6	2018	JRNL00196286	06/11/18
CCMIDWST	074	8131	60000620	ISAVE - JOERNS - 099	165.00	7	2018	JRNL00196994	07/09/18
CCMIDWST	074	8131	60000620	ISAVE - JOERNS - 099	159.50	8	2018	JRNL00197975	08/06/18
CCMIDWST	074	8131	60000620	ISAVE - JOERNS - 099	170.50	8	2018	JRNL00197975	08/06/18
CCMIDWST	074	8131	60000620	ISAVE - JOERNS - 099	170.50	9	2018	JRNL00198716	09/10/18
CCMIDWST	074	8131	60000620	ISAVE - JOERNS - 099	170.50	9	2018	JRNL00198716	09/10/18
CCMIDWST	074	8131	60000620	ISAVE - JOERNS - 099	165.00	10	2018	JRNL00199726	10/08/18
CCMIDWST	074	8131	60000620	ISAVE - JOERNS - 099	165.00	10	2018	JRNL00199726	10/08/18
CCMIDWST	074	8131	60000620	ISAVE - JOERNS - 099	170.50	11	2018	JRNL00200392	11/12/18
CCMIDWST	074	8131	60000620	ISAVE - JOERNS - 099	27.50	11	2018	JRNL00200392	11/12/18
CCMIDWST	074	8131	60000620	ISAVE - JOERNS - 099	11.00	12	2018	JRNL00200794	12/10/18
CCMIDWST	074	8131	60000620	ISAVE - JOERNS - 099	165.00	12	2018	JRNL00200794	12/10/18
CCMIDWST	074	8131	60000620	Rcl Equip Rental Exp 4/18	252.27	4	2018	JRNL00195333	04/30/18
CCMIDWST	074	8131	60000620	Rcl Equipment Rental fr 6110-0720	224.00	7	2018	JRNL00197933	07/31/18
CCMIDWST	074	8131	60000620	Rcl Equipment Rental fr 8111-0540	629.10	7	2018	JRNL00197933	07/31/18
CCMIDWST	074	8131	60000620	SPECIALIZED MEDICAL SERVICES - 074	404.77	1	2018	JRNL00192346	01/31/18
CCMIDWST	074	8131	60000620	SPECIALIZED MEDICAL SERVICES - 074	193.38	2	2018	JRNL00193160	02/28/18
CCMIDWST	074	8131	60000620	SPECIALIZED MEDICAL SERVICES - 074	270.95	3	2018	JRNL00194201	03/31/18
CCMIDWST	074	8131	60000620	SPECIALIZED MEDICAL SERVICES - 074	100.94	4	2018	JRNL00195194	04/30/18
CCMIDWST	074	8131	60000620	SPECIALIZED MEDICAL SERVICES - 074	176.91	5	2018	JRNL00195870	05/31/18
CCMIDWST	074	8131	60000620	SPECIALIZED MEDICAL SERVICES - 074	121.50	6	2018	JRNL00197010	06/30/18
CCMIDWST	074	8131	60000620	SPECIALIZED MEDICAL SERVICES - 074	240.58	7	2018	JRNL00197500	07/31/18
CCMIDWST	074	8131	60000620	SPECIALIZED MEDICAL SERVICES - 074	90.58	9	2018	JRNL00198918	09/22/18
CCMIDWST	074	8131	60000620	SPECIALIZED MEDICAL SERVICES - 074	87.66	9	2018	JRNL00199194	09/30/18
CCMIDWST	074	8131	60000620	SPECIALIZED MEDICAL SERVICES - 074	26.30	10	2018	JRNL00200018	10/31/18
CCMIDWST	074	8200	60000620	ACCELERATED CARE PLUS - 099	982.00	1	2018	JRNL00192209	01/25/18
CCMIDWST	074	8200	60000620	ACCELERATED CARE PLUS - 099	982.00	2	2018	JRNL00193017	02/25/18
CCMIDWST	074	8200	60000620	ACCELERATED CARE PLUS - 099	982.00	3	2018	JRNL00193888	03/25/18
CCMIDWST	074	8200	60000620	ACCELERATED CARE PLUS - 099	982.00	4	2018	JRNL00194649	04/25/18
CCMIDWST	074	8200	60000620	ACCELERATED CARE PLUS - 099	982.00	5	2018	JRNL00195523	05/25/18
CCMIDWST	074	8200	60000620	ACCELERATED CARE PLUS - 099	982.00	6	2018	JRNL00196399	06/25/18
CCMIDWST	074	8200	60000620	ACCELERATED CARE PLUS - 099	982.00	7	2018	JRNL00197317	07/25/18
CCMIDWST	074	8200	60000620	ACCELERATED CARE PLUS - 099	982.00	8	2018	JRNL00198144	08/25/18
CCMIDWST	074	8200	60000620	ACCELERATED CARE PLUS - 099	982.00	9	2018	JRNL00198985	09/25/18
CCMIDWST	074	8200	60000620	ACCELERATED CARE PLUS - 099	982.00	10	2018	JRNL00199656	10/25/18
CCMIDWST	074	8200	60000620	ACCELERATED CARE PLUS - 099	982.00	11	2018	JRNL00200355	11/25/18
CCMIDWST	074	8200	60000620	ACCELERATED CARE PLUS - 099	982.00	12	2018	JRNL00200922	12/25/18
					30,388.24				

Facility Name & ID Number Sunrise Skilled Nur & Rehab # 0051458 Report Period Beginning: Ending:

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	$	$	$	$ 0
2	Books and Supplies				0
3	Classroom Wages (a)				0
4	Clinical Wages (b)				0
5	In-House Trainer Wages (c)				0
6	Transportation				0
7	Contractual Payments				0
8	CNA Competency Tests				0
9	TOTALS	$ 0	$ 0	$ 0	$ 0
10	SUM OF line 9, col. 1 and 2 (e)	$ 0			

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.)

	Service	1 Schedule V Line & Column Reference	2 Staff Units of Service		3 Staff Cost	4 Outside Practitioner (other than consultant) Units	5 Outside Practitioner (other than consultant) Cost	6 Supplies (Actual or) Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	V10A	0.00	hrs	$ 0	3,353	$ 167,217	$ 0	3,353	$ 167,217	1
2	Licensed Speech and Language Development Therapist	V10A	0.00	hrs	0	1,362	50,414	0	1,362	50,414	2
3	Licensed Recreational Therapist	V10A	0.00	hrs	0	0	0	0			3
4	Licensed Physical Therapist	V10A	0.00	hrs	0	3,331	172,208	0	3,331	172,208	4
5	Physician Care			visits							5
6	Dental Care			visits							6
7	Work Related Program			hrs							7
8	Habilitation	V39	0.00	hrs	0	0	0	2,128		2,128	8
9	Pharmacy	V39	0.00	# of prescrpts	0	0	0	67,148		67,148	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	0	7,006		7,006	12
13	Other (specify): BILLABLE SUPPLIES	V39	0.00		0	0	0	10,674		10,674	13
14	TOTAL				$	8,046	$ 389,839	$ 86,956	8,046	$ 476,795	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 Sunrise Skilled Nur & Rehab # 0051458 Report Period Beginning: Ending:

XV. BALANCE SHEET - Unrestricted Operating Fund. As of (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	$ 1,000	$ 1,000	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 157,560)	618,154	618,154	3
4	Supply Inventory (priced at)	42,017	42,017	4
5	Short-Term Investments	0		5
6	Prepaid Insurance	0		6
7	Other Prepaid Expenses	1,495	1,495	7
8	Accounts Receivable (owners or related parties)	0		8
9	Other(specify): Inventories	8,208	8,208	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 670,874	$ 670,874	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	0		13
14	Buildings, at Historical Cost	0	595,949	14
15	Leasehold Improvements, at Historical Cost	768,784	768,784	15
16	Equipment, at Historical Cost	187,074	354,685	16
17	Accumulated Depreciation (book methods)	(649,988)	(836,843)	17
18	Deferred Charges	0		18
19	Organization & Pre-Operating Costs	0		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	0		20
21	Restricted Funds	0		21
22	Other Long-Term Assets (specify):	0		22
23	Other(specify): Medicare Cost Settlement	1,048	1,048	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 306,918	$ 883,623	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 977,792	$ 1,554,497	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 0	$	26
27	Officer's Accounts Payable	0		27
28	Accounts Payable-Patient Deposits	0		28
29	Short-Term Notes Payable	0		29
30	Accrued Salaries Payable	81,821	81,821	30
31	Accrued Taxes Payable (excluding real estate taxes)	0		31
32	Accrued Real Estate Taxes(Sch.IX-B)	0		32
33	Accrued Interest Payable	0		33
34	Deferred Compensation	0		34
35	Federal and State Income Taxes	0		35
	Other Current Liabilities(specify):			
36		0		36
37	Intercompany Liability	1,716,525	2,195,675	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 1,798,346	$ 2,277,496	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	0		39
40	Mortgage Payable	0		40
41	Bonds Payable	0		41
42	Deferred Compensation	0		42
	Other Long-Term Liabilities(specify):			
43	QAF & Deferred Rent	44,633	44,633	43
44		0		44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 44,633	$ 44,633	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 1,842,979	$ 2,322,129	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (865,187)	$ (767,632)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 977,792	$ 1,554,497	48

*(See instructions.)

Mid West SNF/RES

075-CC Virden, LLC (#074)

For the Month Ending December 31, 2018

Acct Number	Dept	Acount	Description	YTD Amount
075-0000-12210000	0000	12210000	BLDG & IMPV - FACILITY BUILDINGS	595,949
075-0000-12410000	0000	12410000	EQUIP - MAJOR MOVABLE	167,611
075-0000-12710000	0000	12710000	ACC DEPR - FACILITY BUILDINGS	(69,527)
075-0000-12910000	0000	12910000	ACC DEPR - MAJOR MOVABLE EQUIP	(117,328)
075-0000-20800099	0000	20800099	INTERCOMPANY	(479,150)
075-0000-24400100	0000	24400100	EQUITY - RETAINED EARNINGS	(93,842)
075-0000-29990000	0000	29990000	CURRENT YEAR PROFIT/LOSS	40,368
075-7100-70009220	7100	70009220	PROPERTY DEPR-BLDGS & IMPROVEMENTS	19,865
075-7100-70009240	7100	70009240	PROPERTY DEPR-MAJOR MOVABLE EQUIP	33,522
075-8000-40003430	8000	40003430	MISC. REV. RENT INCOME	(97,468)

Facility Name & ID Number Sunrise Skilled Nur & Rehab # 0051458 Report Period Beginning: Ending:

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ (241,456)	1
2	Restatements (describe):		2
3	Prior Period Adj.	(58,622)	3
4	0	0	4
5	0	0	5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (300,078)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(565,109)	7
8	Aquisitions of Pooled Companies	0	8
9	Proceeds from Sale of Stock	0	9
10	Stock Options Exercised	0	10
11	Contributions and Grants	0	11
12	Expenditures for Specific Purposes	0	12
13	Dividends Paid or Other Distributions to Owners	(0)	13
14	Donated Property, Plant, and Equipment	0	14
15	Other (describe) 0	0	15
16	Other (describe) 0	0	16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (565,109)	17
	B. Transfers (Itemize):		
18	ILU net asset activity for the year	0	18
19	0	0	19
20	0	0	20
21	0	0	21
22	0	0	22
23	**TOTAL Transfers (sum of lines 18-22)**	$ 0	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ (865,187)	24 *

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

Facility Name & ID Number Sunrise Skilled Nur & Rehab # 0051458 Report Period Beginning: Ending:

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	$ 3,717,830	1
2	Discounts and Allowances for all Levels	(1,169,865)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 2,547,965	3
	B. Ancillary Revenue		
4	Day Care	0	4
5	Other Care for Outpatients	0	5
6	Therapy	1,315,626	6
7	Oxygen	0	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 1,315,626	8
	C. Other Operating Revenue		
9	Payments for Education	0	9
10	Other Government Grants	0	10
11	CNA Training Reimbursements	0	11
12	Gift and Coffee Shop	0	12
13	Barber and Beauty Care	0	13
14	Non-Patient Meals	0	14
15	Telephone, Television and Radio	0	15
16	Rental of Facility Space	0	16
17	Sale of Drugs	50,889	17
18	Sale of Supplies to Non-Patients	0	18
19	Laboratory	4,641	19
20	Radiology and X-Ray	2,355	20
21	Other Medical Services	14,389	21
22	Laundry	0	22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 72,274	23
	D. Non-Operating Revenue		
24	Contributions	0	24
25	Interest and Other Investment Income***	8,084	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 8,084	26
	E. Other Revenue (specify):** **		
27	Settlement Income (Insurance, Legal, Etc.)	0	27
28	AL/IL	0	28
28a	Misc Revenue	0	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 0	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 3,943,949	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	611,454	31
32	Health Care	2,027,724	32
33	General Administration	1,342,649	33
	B. Capital Expense		
34	Ownership	265,552	34
	C. Ancillary Expense		
35	Special Cost Centers	86,956	35
36	Provider Participation Fee	174,723	36
	D. Other Expenses (specify):		
37	0	0	37
38	0	0	38
39	0	0	39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 4,509,058	40
41	**Income before Income Taxes (line 30 minus line 40)****	(565,109)	41
42	**Income Taxes**	0	42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (565,109)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 1,550,130	44
45	Private Pay - Net Inpatient Revenue	909,843	45
46	Medicare - Net Inpatient Revenue	960,011	46
47	Other-(specify) ALL OTHER SNF/SCF IP REVENUE	260,705	47
48	Other-(specify) C/A ANCILLARY ACCOUNTS	(1,132,725)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 2,547,965	49

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

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

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

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

Facility Name & ID Number Sunrise Skilled Nur & Rehab # 0051458 Report Period Beginning: Ending:

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	496	496	$ 20,396	$ 41.12	1
2	Assistant Director of Nursing	0	0	0		2
3	Registered Nurses	12,273	13,165	343,914	26.12	3
4	Licensed Practical Nurses	9,234	9,234	198,343	21.48	4
5	CNAs & Orderlies	45,868	45,868	611,919	13.34	5
6	CNA Trainees	0	0	0		6
7	Licensed Therapist	0	0	0		7
8	Rehab/Therapy Aides	0	0	0		8
9	Activity Director	1,987	1,987	24,248	12.20	9
10	Activity Assistants	1,319	1,343	13,998	10.42	10
11	Social Service Workers	5,935	6,109	95,285	15.60	11
12	Dietician	0	0	0		12
13	Food Service Supervisor	1,699	1,699	25,655	15.10	13
14	Head Cook	0	0	0		14
15	Cook Helpers/Assistants	10,396	10,510	102,605	9.76	15
16	Dishwashers	0	0	0		16
17	Maintenance Workers	2,064	2,096	36,092	17.22	17
18	Housekeepers	6,875	6,944	69,897	10.07	18
19	Laundry	3,163	3,213	30,935	9.63	19
20	Administrator	376	376	30,126	80.12	20
21	Assistant Administrator	192	192	7,678	39.99	21
22	Other Administrative	0	0	0		22
23	Office Manager	0	0	0		23
24	Clerical	3,963	4,173	83,680	20.05	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	1,906	1,954	46,315	23.70	31
32	Other Health Care(specify)	2,050	2,051	44,961	21.92	32
33	Other(specify) Marketing	53	56	2,227	39.77	33
34	TOTAL (lines 1 - 33)	109,849	111,466	$ 1,788,274 *	$ 16.04	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	$ 11,763	V01-3	35
36	Medical Director	0	15,000	V09-3	36
37	Medical Records Consultant	0	0		37
38	Nurse Consultant	0	0		38
39	Pharmacist Consultant	0	0		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	2,836	V11-3	44
45	Social Service Consultant	0	13,726	V12-3	45
46	Other(specify)	0	0		46
47		0	0		47
48		0	0		48
49	TOTAL (lines 35 - 48)		$ 43,325		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	1,782	$ 125,002	V10-03	50
51	Licensed Practical Nurses	0	0		51
52	Certified Nurse Assistants/Aides	0	0		52
53	TOTAL (lines 50 - 52)	1,782	$ 125,002		53

Facility Name & ID Number Sunrise Skilled Nur & Rehab # 0051458 Report Period Beginning: Ending:

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Alicia Oakley	Administrator	0	$ 37,804
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 37,804

B. Administrative - Other

Description	Amount
Management Fees - Covenant Care California, LLC	$ 196,731
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	$ 196,731

C. Professional Services

Vendor/Payee	Type	Amount
	Legal Fees	$ 4,783
Ability Network	Data Processing	947
Clinical Resources	Administrative Staffing	36,627
National Datacare Corp	Data Processing	1,867
Nova Voice & Data Systems	Data Processing	690
Pinnacle Quality Insight	Customer Satisfaction	1,492
Smartlinx Solutions, LLC	Labor Management	5,583
Software Allocation/PCC	Software	36,920
Teldata	Data Processing	551
Verify	Data Processing	2,051
Shred-It	Paper Shredding	1,600
360 Healthcare Staffing	Administrative Staffing	39,513
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)		$ 132,623

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 58,472
Unemployment Compensation Insurance	
FICA Taxes	166,307
Employee Health Insurance	134,594
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Dental Insurance	872
Vision Insurance	66
Group Life & Disability	1,283
Other Employee Benefits	1,695
Employee Physical/X-Ray	3,640
TOTAL (agree to Schedule V, line 22, col.8)	$ 366,930

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	21,205
Health Care Worker Background Check (Indicate # of checks performed)	
Patient Background Checks	
Dues & Subscriptions	5,462
Licenses & Permits	388
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 29,045

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	370
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 370

**See instructions.

PAGE 21 SUPPLEMENTAL - LEGAL FEE DETAIL

Company	Locn	Dept	Account	Journal_Description	Amount	Month	Year	JournalNumber	ApplyDate	Purpose	(Non)Allowable
CCMIDWST	074	6901	60000470	Acr Hanson 11/17	(690.20)	1	2018	JRNL00191887	01/31/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	Acr Hanson 11/17	690.20	1	2018	JRNL00192447	01/31/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	Acr Hanson 11/17	(690.20)	2	2018	JRNL00192669	02/28/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	Acr Sandberg Phoenix 11/17	(1,081.30)	1	2018	JRNL00191689	01/31/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	Acr Sandberg Phoenix 11/17	1,081.30	1	2018	JRNL00192447	01/31/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	Acr Sandberg Phoenix 11/17	(1,081.30)	2	2018	JRNL00192669	02/28/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	Acr Sandberg Phoenix 2/18	713.15	2	2018	JRNL00193483	02/28/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	Acr Sandberg Phoenix 2/18	(713.15)	3	2018	JRNL00193579	03/31/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	Acr Sandberg Phoenix 2/18	713.15	3	2018	JRNL00194255	03/31/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	Acr Sandberg Phoenix 2/18	(713.15)	4	2018	JRNL00194378	04/30/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	Acr Sandberg Phoenix 2/18	713.15	4	2018	JRNL00195146	04/30/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	Acr Sandberg Phoenix 2/18	(713.15)	5	2018	JRNL00195156	05/31/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	Acr Sandberg Phoenix 3/18	552.15	3	2018	JRNL00194256	03/31/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	Acr Sandberg Phoenix 3/18	(552.15)	4	2018	JRNL00194379	04/30/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	Acr Sandberg Phoenix 3/18	552.15	4	2018	JRNL00195146	04/30/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	Acr Sandberg Phoenix 3/18	(552.15)	5	2018	JRNL00195156	05/31/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	Acr Sandberg Phoenix 3/18	552.15	5	2018	JRNL00195848	05/31/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	Acr Sandberg Phoenix 3/18	(552.15)	6	2018	JRNL00196038	06/30/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	Acr Sandberg Phoenix 4/18	1,058.25	4	2018	JRNL00195147	04/30/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	Acr Sandberg Phoenix 4/18	(1,058.25)	5	2018	JRNL00195157	05/31/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	Acr Sandberg Phoenix 4/18	1,058.25	5	2018	JRNL00195848	05/31/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	Acr Sandberg Phoenix 4/18	(1,058.25)	6	2018	JRNL00196038	06/30/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	Acr Sandberg Phoenix 5/18	1,058.25	5	2018	JRNL00195875	05/31/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	Acr Sandberg Phoenix 5/18	(1,058.25)	6	2018	JRNL00196039	06/30/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	Acr Sandberg Phoenix 5/18	1,058.25	6	2018	JRNL00196704	06/30/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	Acr Sandberg Phoenix 5/18	(1,058.25)	7	2018	JRNL00196900	07/31/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	Acr Sandberg Phoenix 6/18	69.00	6	2018	JRNL00196709	06/30/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	Acr Sandberg Phoenix 6/18	(69.00)	7	2018	JRNL00196926	07/31/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	Acr Sandberg Phoenix 6/18	69.00	7	2018	JRNL00197595	07/31/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	Acr Sandberg Phoenix 6/18	(69.00)	8	2018	JRNL00197790	08/31/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	Acr Sandberg Phoenix 6/18	69.00	8	2018	JRNL00198426	08/31/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	Acr Sandberg Phoenix 6/18	(69.00)	9	2018	JRNL00198593	09/30/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	Acr Sandberg Phoenix 6/18	69.00	9	2018	JRNL00199195	09/30/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	Acr Sandberg Phoenix 6/18	(69.00)	10	2018	JRNL00199448	10/31/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	Acr Sandberg Phoenix 6/18	69.00	10	2018	JRNL00199942	10/31/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	Acr Sandberg Phoenix 6/18	(69.00)	11	2018	JRNL00200111	11/30/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	Acr Sandberg Phoenix 6/18	69.00	11	2018	JRNL00200537	11/30/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	Acr Sandberg Phoenix 6/18	(69.00)	12	2018	JRNL00200607	12/31/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	Acr Sandberg Phoenix 8/18	889.55	8	2018	JRNL00198427	08/31/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	Acr Sandberg Phoenix 8/18	(889.55)	9	2018	JRNL00198667	09/30/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	1,081.30	2	2018	JRNL00193000	02/23/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	690.20	2	2018	JRNL00193165	02/28/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	713.15	5	2018	JRNL00195480	05/24/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	552.15	6	2018	JRNL00196400	06/25/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	1,058.25	6	2018	JRNL00196400	06/25/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	69.00	6	2018	JRNL00196588	06/30/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	1,058.25	7	2018	JRNL00197241	07/24/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	889.55	9	2018	JRNL00199118	09/30/18	Regulatory	Allowable
CCMIDWST	074	6901	60000470	SANDBERG,PHOENIX & VON GONTARD - 099	443.10	9	2018	JRNL00199123	09/30/18	Regulatory	Allowable
					4,783.45						

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 $4,592**

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

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

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

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **16,212** Line **10-02**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease. **N/A**

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
N/A

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **174,723**
This amount is to be recorded on line 42 of Schedule V

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **No** If YES, attach an explanation of the allocation.

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

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

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

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **100% Ln 1**
d. Have vehicle usage logs been maintained? **N/A**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **N/A**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **Yes**
g. Does the facility transport residents to and from day training? **No**
Indicate the amount of income earned from providing such transportation during this reporting period. $ **N/A**

(17) Has an audit been performed by an independent certified public accounting firm? **No**
Firm Name: **N/A**

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

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