



Facility Name & ID Number Jacksonville Skl Nur & Rehab

# 0051433 Report Period Beginning: 01/01/17 Ending: 12/31/17

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	61.00	Skilled (SNF)	61	22,265	1
2		Skilled Pediatric (SNF/PED)			2
3	27.00	Intermediate (ICF)	27	9,855	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	88	TOTALS	88	32,120	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 Patient Days by Level of Care and Primary Source of Payment			5 Total	
		Medicaid Recipient	Private Pay	Other		
8	SNF	8,129	5,228	4,975	18,332	8
9	SNF/PED					9
10	ICF	5,840	3,666		9,506	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	13,969	8,894	4,975	27,838	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 86.67%

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

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?  
YES  NO

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

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

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 61 and days of care provided 1,463

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/2017 Fiscal Year: 12/31/2017

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

Facility Name & ID Number Jacksonville Ski Nur & Rehab # 0051433 Report Period Beginning: 01/01/17 Ending: 12/31/17

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
<b>A. General Services</b>											
1	Dietary	179,091	14,677	9,792	203,560		203,560		203,560		1
2	Food Purchase		151,444		151,444		151,444		151,444		2
3	Housekeeping	63,266	14,049	5,258	82,573		82,573		82,573		3
4	Laundry	59,126	7,149		66,275		66,275		66,275		4
5	Heat and Other Utilities			79,606	79,606		79,606		79,606		5
6	Maintenance	46,200	7,264	19,527	72,991		72,991		72,991		6
7	Other (specify):*			8,372	8,372		8,372		8,372		7
8	<b>TOTAL General Services</b>	347,683	194,583	122,555	664,821		664,821		664,821		8
<b>B. Health Care and Programs</b>											
9	Medical Director			12,000	12,000		12,000		12,000		9
10	Nursing and Medical Records	1,799,242	90,425	22,596	1,912,263		1,912,263		1,912,263		10
10a	Therapy			762,633	762,633		762,633	(28,904)	733,729		10a
11	Activities	75,561	1,732	3,160	80,453		80,453		80,453		11
12	Social Services	89,863		2,935	92,798		92,798		92,798		12
13	CNA Training	62,578			62,578		62,578		62,578		13
14	Program Transportation			8,961	8,961		8,961		8,961		14
15	Other (specify):*							26,353	26,353		15
16	<b>TOTAL Health Care and Programs</b>	2,027,244	92,157	812,285	2,931,686		2,931,686	(2,551)	2,929,135		16
<b>C. General Administration</b>											
17	Administrative	54,038		324,721	378,759		378,759	(43,214)	335,545		17
18	Directors Fees										18
19	Professional Services			70,002	70,002		70,002	7,530	77,532		19
20	Dues, Fees, Subscriptions & Promotions			9,758	9,758		9,758	(1,201)	8,557		20
21	Clerical & General Office Expenses	71,222	35,610	160,401	267,233		267,233	(142,079)	125,154		21
22	Employee Benefits & Payroll Taxes			457,063	457,063		457,063	(632)	456,431		22
23	Inservice Training & Education										23
24	Travel and Seminar			499	499		499		499		24
25	Other Admin. Staff Transportation			429	429		429		429		25
26	Insurance-Prop.Liab.Malpractice			190,347	190,347		190,347		190,347		26
27	Other (specify):*	3,462		77,114	80,576		80,576	(19,137)	61,439		27
28	<b>TOTAL General Administration</b>	128,722	35,610	1,290,334	1,454,666		1,454,666	(198,733)	1,255,933		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	2,503,649	322,350	2,225,174	5,051,173		5,051,173	(201,284)	4,849,889		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 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
30	<b>D. Ownership</b>											
	Depreciation			134,632	134,632		134,632	106,791	241,423			30
31	Amortization of Pre-Op. & Org.											31
32	Interest							23,973	23,973			32
33	Real Estate Taxes			38,166	38,166		38,166	37,255	75,421			33
34	Rent-Facility & Grounds			273,216	273,216		273,216	(273,216)				34
35	Rent-Equipment & Vehicles			50,783	50,783		50,783		50,783			35
36	Other (specify):*			144	144		144	(144)				36
37	<b>TOTAL Ownership</b>			496,941	496,941		496,941	(105,341)	391,600			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportator											38
39	Ancillary Service Centers		25,836	195,784	221,620		221,620		221,620			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			191,887	191,887		191,887		191,887			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		25,836	387,671	413,507		413,507		413,507			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	2,503,649	348,186	3,109,786	5,961,621		5,961,621	(306,625)	5,654,996			45

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

VI. ADJUSTMENT DETAIL

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

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

	1	2	3	
NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1 Day Care	\$		\$	1
2 Other Care for Outpatients				2
3 Governmental Sponsored Special Programs				3
4 Non-Patient Meals				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	(202)	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				18
19 Entertainment				19
20 Contributions				20
21 Owner or Key-Man Insurance				21
22 Special Legal Fees & Legal Retainer				22
23 Malpractice Insurance for Individuals				23
24 Bad Debt	(124,397)	21		24
25 Fund Raising, Advertising and Promotional	(19,137)	27		25
Income Taxes and Illinois Persona				
26 Property Replacement Tax				26
27 CNA Training for Non-Employees				27
28 Yellow Page Advertising				28
29 Other-Attach Schedule	25,126			29
30 SUBTOTAL (A): (Sum of lines 1-29)	\$ (118,610)		\$	30

BHF USE ONLY						
48		49		50		51
						52

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

	1	2	
	Amount	Reference	
31 Non-Paid Workers-Attach Schedule*	\$		31
32 Donated Goods-Attach Schedule*			32
Amortization of Organization & Pre-Operating Expense			
33			33
Adjustments for Related Organization			
34 Costs (Schedule VII)	(273,216)	VII-B	34
35 Other- Attach Schedule			35
36 SUBTOTAL (B): (sum of lines 31-35)	\$ (273,216)		36
(sum of SUBTOTALS			
37 TOTAL ADJUSTMENTS (A) and (B) )	\$ (391,826)		37

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

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

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

Jacksonville Skl Nur & Rehab

ID# 0051433

Report Period Beginning: 01/01/17

Ending: 12/31/17

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Independent Living	\$ 0	43	1
2	Non-Allowable Benefits (Marketing & ILU)	(632)	22	2
3	Business Taxes	(144)	36	3
4	Patient Theft	(1,318)	21	4
5	Prior Year Expense	(16,364)	21	5
6	Non Allowable Dues	(1,201)	20	6
7	Non Allowable Legal	(1,084)	19	7
8	Legal Prior Year Accrual	8,614	19	8
9	Non Allowable RE Taxes	37,255	33	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	<b>Total</b>	25,126		49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Jacksonville Skl Nur &amp; Rehab

# 0051433 Report Period Beginning:

01/01/17

Ending:

12/31/17

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>A. General Services</b>													
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	<b>TOTAL General Services</b>	0	0	0	0	0	0	0	0	0	0	0	0	8
	<b>B. Health Care and Programs</b>													
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	(28,904)	0	0	0	0	0	0	0	0	(28,904)	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	26,353	0	0	0	0	0	0	0	26,353	15
16	<b>TOTAL Health Care and Programs</b>	0	0	(28,904)	26,353	0	0	0	0	0	0	0	(2,551)	16
	<b>C. General Administration</b>													
17	Administrative	0	0	0	(43,214)	0	0	0	0	0	0	0	(43,214)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	7,530	0	0	0	0	0	0	0	0	0	0	7,530	19
20	Fees, Subscriptions & Promotions	(1,201)	0	0	0	0	0	0	0	0	0	0	(1,201)	20
21	Clerical & General Office Expenses	(142,079)	0	0	0	0	0	0	0	0	0	0	(142,079)	21
22	Employee Benefits & Payroll Taxes	(632)	0	0	0	0	0	0	0	0	0	0	(632)	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):*	(19,137)	0	0	0	0	0	0	0	0	0	0	(19,137)	27
28	<b>TOTAL General Administration</b>	(155,519)	0	0	(43,214)	0	0	0	0	0	0	0	(198,733)	28
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	(155,519)	0	(28,904)	(16,861)	0	0	0	0	0	0	0	(201,284)	29

## STATE OF ILLINOIS

Summary B

Facility Name &amp; ID Number Jacksonville Skl Nur &amp; Rehab

# 0051433

Report Period Beginning:

01/01/17 Ending:

12/31/17

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	0	80,221	0	26,570	0	0	0	0	0	0	0	106,791	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(202)	0	0	24,175	0	0	0	0	0	0	0	23,973	32
33	Real Estate Taxes	37,255	0	0	0	0	0	0	0	0	0	0	37,255	33
34	Rent-Facility & Grounds	0	(273,216)	0	0	0	0	0	0	0	0	0	(273,216)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	(144)	0	0	0	0	0	0	0	0	0	0	(144)	36
37	<b>TOTAL Ownership</b>	<b>36,909</b>	<b>(192,995)</b>	<b>0</b>	<b>50,745</b>	<b>0</b>	<b>(105,341)</b>	<b>37</b>						
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
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	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>44</b>
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	<b>(118,610)</b>	<b>(192,995)</b>	<b>(28,904)</b>	<b>33,884</b>	<b>0</b>	<b>(306,625)</b>	<b>45</b>						

**VII. RELATED PARTIES**

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Page 6-Supplemental		See Page 6-Supplemental		See Page 6-Supplemental		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rent	\$ 273,216	CC Jacksonville Holding, LLC	100.00%	\$		(273,216) 1
2	V	30 Depreciation		CC Jacksonville Holding, LLC	100.00%	\$ 80,221		80,221 2
3	V							
4	V							
5	V							
6	V							
7	V							
8	V							
9	V							
10	V							
11	V							
12	V							
13	V							
14	Total		\$ 273,216			\$ 80,221	\$ *	(192,995) 14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	10a Physical Therapy	\$ 255,270	Affirma Rehabilitation	100.00%	\$ 245,595	\$	(9,675)	15
16	V	10a Occupational Therapy	326,191	Affirma Rehabilitation	100.00%	313,828		(12,363)	16
17	V	10a Speech Therapy	181,172	Affirma Rehabilitation	100.00%	174,306		(6,866)	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		\$ 762,633			\$ 733,729	\$ *	(28,904)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	43 NonAllow	\$	Covenant Care California, LLC	100.00%	\$ 0	\$	15
16	V	15 Direct		Covenant Care California, LLC	100.00%	26,353		26,353 16
17	V	17 Indirect		Covenant Care California, LLC	100.00%	281,507		281,507 17
18	V	32 Interest		Covenant Care California, LLC	100.00%	24,175		24,175 18
19	V	30 Depreciation		Covenant Care California, LLC	100.00%	26,570		26,570 19
20	V	17 Management Fees	324,721	Covenant Care California, LLC	100.00%			(324,721) 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		\$ 324,721			\$ 358,605	\$ *	33,884 39

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

Facility Name &amp; ID Number

Jacksonville Skl Nur &amp; Rehab

# 0051433

Report Period Beginning:

01/01/17

Ending:

12/31/17

## VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	COVENANT CARE CALIFORNIA, LLC	100.00%	ARBOR NURSING CENTER	CALIFORNIA	COVENANT CARE CALIFORNIA	CALISO VIEJO, CA	MANAGEMENT C	1
2			ARBOR PLACE	CALIFORNIA	AFFIRMA REHABILITATION	CALISO VIEJO, CA	THERAPY	2
3			BUENA VISTA CARE CENTER, A NURSING	CALIFORNIA	CC JACKSONVILLE	JACKSONVILLE, IL	BUILDING CO.	3
4			CARSON NURSING & REHAB CENTER	NEVADA				4
5			CATERED MANOR	CALIFORNIA				5
6			CLINTON HOUSE HEALTH & REHABILITATION	INDIANA				6
7			COURTYARD HEALTHCARE CENTER	CALIFORNIA				7
8			COVENANT CARE HILLTOP, LLC D/B/A HILLTOP	CHARLESTON				8
9			COVENANT CARE JACKSONVILLE, LLC D/B/A	JACKSONVILLE				9
10			COVENANT CARE MEADOW MANOR, LLC	TAYLORVILLE				10
11			COVENANT CARE MIDWEST, INC. D/B/A	CIBLEBANON				11
12			COVENANT CARE SUNRISE, LLC D/B/A	SUNVIRIDEN				12
13			COVINGTON MANOR	INDIANA				13
14			DOWNNEY CARE	CALIFORNIA				14
15			EAGLE POINT NURSING & REHABILITATION	IOWA				15
16			EDGEWOOD MANOR NURSING CENTER	OHIO				16
17			EMERALD GARDENS NURSING CENTER	CALIFORNIA				17
18			ENCINITAS NURSING AND REHABILITATION	CALIFORNIA				18
19			ENNOBLE SKILLED NURSING & REHABILITATION	CHOWA				19
20			FAIRVIEW MANOR NURSING CENTER	OHIO				20
21			FRIENDSHIP HOME	CARLINVILLE, IL				21
22			GILROY HEALTHCARE & REHABILITATION	CALIFORNIA				22
23			GRANT CUESTA NURSING & REHABILITATION	CALIFORNIA				23
24			HIGHLAND HEALTH CARE CENTER	ILLINOIS				24
25			HUNTINGTON PARK NURSING CENTER	CALIFORNIA				25
26			LA JOLLA NURSING AND REHABILITATION	CALIFORNIA				26
27			LAKELAND NURSING CENTER	INDIANA				27
28			LOS ALTOS SUB-ACUTE & REHABILITATION	CALIFORNIA				28
29			MISSION SKILLED NURSING & SUBACUTE	CALIFORNIA				29
30			NEBRASKA SKILLED NURSING CENTER	NEBRASKA				30

Facility Name &amp; ID Number

Jacksonville Skl Nur &amp; Rehab

# 0051433

Report Period Beginning:

01/01/17

Ending:

12/31/17

## VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1			NORWOOD NURSING CENTER	INDIANA				1
2			PACIFIC COAST MANOR	CALIFORNIA				2
3			PACIFIC GARDENS NURSING & REHABILITATION	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 CREEK	INDIANA				11
12			TURLOCK NURSING AND REHABILITATION	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 & REHABILITATION	CALIFORNIA				19
20			VINTAGE FAIRE RESIDENTIAL	CALIFORNIA				20
21			WAGNER HEIGHTS NURSING & REHABILITATION	CALIFORNIA				21
22			WAGNER HEIGHTS RESIDENTIAL	CALIFORNIA				22
23			WALDRON HEALTH AND REHABILITATION CENTER	INDIANA				23
24			WILLOW TREE NURSING & REHABILITATION	CALIFORNIA				24
25			WRIGHT NURSING & REHABILITATION CENTER	OHIO				25
26			MARION REHAB AND ASSISTED LIVING	INDIANA				26
27			PYRAMID POINT POST ACUTE REHABILITATION	INDIANA				27
28								28
29								29
30								30

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference
						Hours	Percent	Description	Amount	
1									\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13								TOTAL	\$	13

\* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

\*\* This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

Facility Name & ID Number Jacksonville Skl Nur & Rehab # 0051433 Report Period Beginning: 01/01/17 Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

Facility Name & ID Number Jacksonville Skl Nur & Rehab # 0051433 Report Period Beginning: 01/01/17 Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	39	Physical Therapy	Direct Allocation		\$	\$		\$ 245,595	1
2	39	Occupational Therapy	Direct Allocation					313,828	2
3	39	Speech Therapy	Direct Allocation					174,306	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				\$	\$		\$ 733,729	25

Facility Name & ID Number Jacksonville Skl Nur & Rehab # 0051433 Report Period Beginning: 01/01/17 Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization 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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	43	NonAllow	Accumulated Cost		\$	\$		\$	1
2	15	Direct	Accumulated Cost					26,353	2
3	17	Indirect	Accumulated Cost					281,507	3
4	32	Interest	Accumulated Cost					24,175	4
5	30	Depreciation	Accumulated Cost					26,570	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				\$	\$		\$	358,605

Facility Name & ID Number Jacksonville Ski Nur & Rehab # 0051433 Report Period Beginning: 01/01/17 Ending: 12/31/17

**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			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1																				
2																				
3																				
4																				
5																				
<b>Working Capital</b>																				
6	Allocated from Covenant Care, Inc.	X								24,175										
7																				
8																				
9	<b>TOTAL Facility Related</b>									24,175										
<b>B. Non-Facility Related*</b>																				
10	Interest Income	X								(202)										
11																				
12																				
13																				
14	<b>TOTAL Non-Facility Related</b>									(202)										
15	<b>TOTALS (line 9+line14)</b>									23,973										

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

\* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

\*\* If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

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

**B. Real Estate Taxes**

1. Real Estate Tax accrual used on 2016 report.		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>		\$		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.)		\$			<b>37,255</b>	2	
3. Under or (over) accrual (line 2 minus line 1).		\$			<b>37,255</b>	3	
4. Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)		\$				4	
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$				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. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$				6	
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6		\$			<b>37,255</b>	7	
Real Estate Tax History:							
Real Estate Tax Bill for Calendar Year:	2012	<u>33,922</u>	8	<b>FOR BHF USE ONLY</b>			
	2013	<u>34,717</u>	9	13	FROM R. E. TAX STATEMENT FOR 2016	\$	13
	2014	<u>35,828</u>	10	14	PLUS APPEAL COST FROM LINE 5	\$	14
	2015	<u>36,801</u>	11	15	LESS REFUND FROM LINE 6	\$	15
	2016	<u>37,255</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16
<b>Facility does not accrue for real estate taxes</b>							

**NOTES:**

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

## 2016 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Jacksonville Skl Nur & Rehab COUNTY Morgan

FACILITY IDPH LICENSE NUMBER 0051433

CONTACT PERSON REGARDING THIS REPORT Carol Sparks

TELEPHONE (949) 349-1222 FAX #: (949) 349-1122

**A. Summary of Real Estate Tax Cost**

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

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>09-18-301-002</u>	<u>Long Term Care Property</u>	\$ <u>37,255.00</u>	\$ <u>37,255.00</u>
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>37,255.00</u></u>	\$ <u><u>37,255.00</u></u>

**B. Real Estate Tax Cost Allocations**

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

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

**C. Tax Bills**

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

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 26,061 B. General Construction Type: Exterior Masonry Frame Steel Number of Stories 1

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).  
None

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

1. Total Amount Incurred: \_\_\_\_\_ 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_  
 3. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: \_\_\_\_\_

Nature of Costs: \_\_\_\_\_  
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

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

**XI. OWNERSHIP COSTS (continued)**

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

	1	FOR BHF USE ONLY	2	3	4	5	6	7	8	9	
	Beds*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	88		2015	1974	\$ 1,929,283	\$	35	\$	\$	\$	4
5											5
6											6
7											7
8											8
	<b>Improvement Type**</b>										
9	Various			2011	30,425		20				9
10	Various			2012	428,431		20				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.

**See Page 12A, Line 70 for total**

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67	Related Building Company (Pages 12F & 12G)				64,309	64,309	160,773	67
68	Related Party Allocations (Pages 12H & 12I)				26,570	26,570		68
69	Financial Statement Depreciation				91,882	91,882		69
70	TOTAL (lines 4 thru 69)		\$ 2,388,139	\$	\$ 182,761	\$ 182,761	\$ 160,773	70

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 2,388,139	\$		\$ 182,761	\$ 182,761	\$ 160,773	1
2	Installed New Water Heater & Circulator Pump	2013	6,850		20	343	343	1,713	2
3	Installed Trunk Line With New Circuits	2013	3,458		20	173	173	865	3
4	Fire Sprinkler Repair	2013	9,657		20	483	483	2,414	4
5	Storage Shed 10 X 16	2014	3,037		20	152	152	607	5
6	Shower, Closet Doors, Corridor S. Hall Rms 113-122:	2014			20				6
7	Replace Tiles & Mirrors, Repaint Walls, Plumbing	2014	101,490		20	5,074	5,074	20,296	7
8	Shower, Closet Doors, Corridor S. Hall Rms 113-122:	2014			20				8
9	Replace Tiles & Mirrors, Repaint Walls, Plumbing	2014	11,277		20	564	564	2,256	9
10	Water Heater	2015	11,595		20	580	580	1,740	10
11	Drywall/Painting, Replace Ceiling Tile/Lighting In West Hall	2015	27,671		20	1,384	1,384	4,151	11
12	Code Alert Doors	2015	16,690		20	835	835	2,504	12
13	Demolition, Wall Skimming & Paint, Electrical, Act Ceiling--	2016	114,827		20	5,741	5,741	11,482	13
14	--Tile, Closet Doors, Carpet, Vct Additions, Roofing/Asphalt	2016			20				14
15	Garbage Disposal	2017	1,122		7				15
16	GE PTAC Unit	2017	799		7	38	38	38	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,696,612	\$		\$ 198,128	\$ 198,128	\$ 208,839	34

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

Facility Name & ID Number Jacksonville Skl Nur & Rehab

# 0051433

Report Period Beginning:

01/01/17

Ending:

12/31/17

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	\$ 213,763	\$	\$ 42,785	\$ 42,785		\$ 162,386	71
72	Current Year Purchases							72
73	Fully Depreciated Assets	143,947					143,947	73
74								74
75	TOTALS	\$ 357,709	\$	\$ 42,785	\$ 42,785		\$ 306,333	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	Ford Van 2012	2017	\$ 10,715	\$	\$ 510	\$ 510	7	\$ 510	76
77										77
78										78
79										79
80	TOTALS			\$ 10,715	\$	\$ 510	\$ 510		\$ 510	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 3,065,036	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 241,423	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 241,423	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 515,682	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 Jacksonville Skl Nur & Rehab

# 0051433

Report Period Beginning: 01/01/17

Ending: 12/31/17

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: 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:				\$ <u>273,216</u>			3
4	Additions							4
5								5
6								6
7	<b>TOTAL</b>				\$ <u>273,216</u>			7

\*\*

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease \_\_\_\_\_.

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_ \*

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

15. Is Movable equipment rental included in building rental?

YES  NO

16. Rental Amount for movable equipment: \$ 43,831 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	<u>Facility</u>	<u>Van</u>	\$ <u>869.00</u>	\$ <u>6,952</u>	17
18					18
19					19
20					20
21	<b>TOTAL</b>		\$ <u>869.00</u>	\$ <u>6,952</u>	21

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

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

Fiscal Year Ending Annual Rent

12. /2018 \$ \_\_\_\_\_

13. /2019 \$ \_\_\_\_\_

14. /2020 \$ \_\_\_\_\_

\* 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.

Company	Locn	Dept	Account	Journal_Des	Amount	Month	Year	JournalNum	ApplyDate
CCMIDWST	072	6110	60000620	JOERNS F	272	12	2017	JRNLO019	12/31/17
CCMIDWST	072	6110	60000620	JOERNS F	233	12	2017	JRNLO019	12/31/17
CCMIDWST	072	6110	60000620	JOERNS F	104	12	2017	JRNLO019	12/31/17
CCMIDWST	072	6110	60000620	MEMORIA	459	9	2017	JRNLO018	09/30/17
CCMIDWST	072	6110	60000620	Rcl MHS ir	(459)	9	2017	JRNLO018	09/30/17
CCMIDWST	072	6300	60000620	PETTY CA	43	10	2017	JRNLO018	10/16/17
CCMIDWST	072	6500	60000620	ECOLAB F	40	3	2017	JRNLO018	03/31/17
CCMIDWST	072	6500	60000620	ECOLAB -	144	12	2017	JRNLO019	12/31/17
CCMIDWST	072	6500	60000620	ECOLAB -	144	11	2017	JRNLO019	11/30/17
CCMIDWST	072	6500	60000620	ECOLAB -	144	10	2017	JRNLO018	10/31/17
CCMIDWST	072	6500	60000620	ECOLAB -	114	10	2017	JRNLO018	10/20/17
CCMIDWST	072	6500	60000620	ECOLAB -	141	9	2017	JRNLO018	09/30/17
CCMIDWST	072	6500	60000620	ECOLAB -	141	9	2017	JRNLO018	09/30/17
CCMIDWST	072	6500	60000620	ECOLAB -	141	8	2017	JRNLO018	08/31/17
CCMIDWST	072	6500	60000620	ECOLAB -	141	8	2017	JRNLO018	08/31/17
CCMIDWST	072	6500	60000620	ECOLAB -	141	8	2017	JRNLO018	08/31/17
CCMIDWST	072	6500	60000620	ECOLAB -	141	6	2017	JRNLO018	06/30/17
CCMIDWST	072	6500	60000620	ECOLAB -	141	4	2017	JRNLO018	04/30/17
CCMIDWST	072	6500	60000620	ECOLAB -	141	3	2017	JRNLO018	03/31/17
CCMIDWST	072	6500	60000620	ECOLAB -	141	1	2017	JRNLO018	01/31/17
CCMIDWST	072	6901	60000620	KONICA M	272	12	2017	JRNLO019	12/26/17
CCMIDWST	072	6901	60000620	KONICA M	159	12	2017	JRNLO019	12/26/17
CCMIDWST	072	6901	60000620	KONICA M	262	11	2017	JRNLO019	11/30/17
CCMIDWST	072	6901	60000620	KONICA M	149	11	2017	JRNLO019	11/30/17
CCMIDWST	072	6901	60000620	KONICA M	262	10	2017	JRNLO018	10/21/17
CCMIDWST	072	6901	60000620	KONICA M	149	10	2017	JRNLO018	10/21/17
CCMIDWST	072	6901	60000620	KONICA M	262	9	2017	JRNLO018	09/19/17
CCMIDWST	072	6901	60000620	KONICA M	149	9	2017	JRNLO018	09/19/17
CCMIDWST	072	6901	60000620	KONICA M	272	8	2017	JRNLO018	08/16/17
CCMIDWST	072	6901	60000620	KONICA M	159	8	2017	JRNLO018	08/16/17
CCMIDWST	072	6901	60000620	KONICA M	262	7	2017	JRNLO018	07/27/17
CCMIDWST	072	6901	60000620	KONICA M	149	7	2017	JRNLO018	07/27/17
CCMIDWST	072	6901	60000620	KONICA M	262	6	2017	JRNLO018	06/21/17
CCMIDWST	072	6901	60000620	KONICA M	149	6	2017	JRNLO018	06/21/17
CCMIDWST	072	6901	60000620	KONICA M	262	5	2017	JRNLO018	05/17/17
CCMIDWST	072	6901	60000620	KONICA M	149	5	2017	JRNLO018	05/17/17
CCMIDWST	072	6901	60000620	KONICA M	262	4	2017	JRNLO018	04/14/17
CCMIDWST	072	6901	60000620	KONICA M	149	4	2017	JRNLO018	04/14/17
CCMIDWST	072	6901	60000620	KONICA M	262	3	2017	JRNLO018	03/20/17
CCMIDWST	072	6901	60000620	KONICA M	149	3	2017	JRNLO018	03/20/17
CCMIDWST	072	6901	60000620	KONICA M	262	2	2017	JRNLO018	02/22/17
CCMIDWST	072	6901	60000620	KONICA M	149	2	2017	JRNLO018	02/22/17
CCMIDWST	072	6901	60000620	KONICA M	262	1	2017	JRNLO018	01/14/17
CCMIDWST	072	6901	60000620	KONICA M	149	1	2017	JRNLO018	01/14/17
CCMIDWST	072	6901	60000620	KONICA M	-	4	2017	JRNLO018	04/03/17
CCMIDWST	072	6901	60000620	KONICA M	-	4	2017	JRNLO018	04/03/17
CCMIDWST	072	6901	60000620	KONICA M	-	3	2017	JRNLO018	03/14/17
CCMIDWST	072	6901	60000620	KONICA M	-	3	2017	JRNLO018	03/14/17
CCMIDWST	072	6901	60000620	KONICA M	-	2	2017	JRNLO018	02/11/17
CCMIDWST	072	6901	60000620	KONICA M	-	2	2017	JRNLO018	02/11/17
CCMIDWST	072	6901	60000620	KONICA M	-	1	2017	JRNLO018	01/18/17
CCMIDWST	072	6901	60000620	KONICA M	-	1	2017	JRNLO018	01/18/17
CCMIDWST	072	8131	60000620	STAPLES	(417)	5	2017	JRNLO018	05/31/17
CCMIDWST	072	8131	60000620	STAPLES	417	5	2017	JRNLO018	05/31/17
CCMIDWST	072	8131	60000620	SPECIALI	91	12	2017	JRNLO019	12/31/17
CCMIDWST	072	8131	60000620	SPECIALI	88	12	2017	JRNLO019	12/22/17
CCMIDWST	072	8131	60000620	SPECIALI	166	12	2017	JRNLO019	12/22/17
CCMIDWST	072	8131	60000620	SPECIALI	842	9	2017	JRNLO018	09/30/17
CCMIDWST	072	8131	60000620	SPECIALI	241	9	2017	JRNLO018	09/30/17
CCMIDWST	072	8131	60000620	SPECIALI	596	7	2017	JRNLO018	07/31/17
CCMIDWST	072	8131	60000620	SPECIALI	353	6	2017	JRNLO018	06/30/17
CCMIDWST	072	8131	60000620	SPECIALI	417	5	2017	JRNLO018	05/31/17
CCMIDWST	072	8131	60000620	SPECIALI	524	4	2017	JRNLO018	04/30/17
CCMIDWST	072	8131	60000620	SPECIALI	316	3	2017	JRNLO018	03/31/17
CCMIDWST	072	8131	60000620	SPECIALI	344	2	2017	JRNLO018	02/28/17
CCMIDWST	072	8131	60000620	Rcl MHS ir	459	9	2017	JRNLO018	09/30/17
CCMIDWST	072	8131	60000620	Rcl Jan SN	300	1	2017	JRNLO018	01/31/17
CCMIDWST	072	8131	60000620	MEMORIA	725	8	2017	JRNLO018	08/31/17
CCMIDWST	072	8131	60000620	MEMORIA	1,062	3	2017	JRNLO018	03/31/17
CCMIDWST	072	8131	60000620	JOERNS F	184	12	2017	JRNLO019	12/31/17
CCMIDWST	072	8131	60000620	JOERNS F	336	12	2017	JRNLO019	12/31/17

CCMIDWST	072	8131	60000620	JOERNS F	336	12	2017	JRN0019	12/31/17
CCMIDWST	072	8131	60000620	JOERNS F	590	12	2017	JRN0019	12/31/17
CCMIDWST	072	8131	60000620	JOERNS F	200	12	2017	JRN0019	12/31/17
CCMIDWST	072	8131	60000620	JOERNS F	475	12	2017	JRN0019	12/31/17
CCMIDWST	072	8131	60000620	JOERNS F	907	12	2017	JRN0019	12/31/17
CCMIDWST	072	8131	60000620	JOERNS F	45	12	2017	JRN0019	12/31/17
CCMIDWST	072	8131	60000620	JOERNS F	907	12	2017	JRN0019	12/31/17
CCMIDWST	072	8131	60000620	JOERNS F	318	12	2017	JRN0019	12/31/17
CCMIDWST	072	8131	60000620	JOERNS F	36	12	2017	JRN0019	12/31/17
CCMIDWST	072	8131	60000620	CR-SMS C	(18)	2	2017	JRN0018	02/28/17
CCMIDWST	072	8131	60000620	CR-SMS C	(65)	12	2017	JRN0019	12/31/17
CCMIDWST	072	8131	60000620	CR-SMS C	(50)	7	2017	JRN0018	07/31/17
CCMIDWST	072	8131	60000620	CR-SMS C	(37)	6	2017	JRN0018	06/30/17
CCMIDWST	072	8131	60000620	CR- Joerns	(588)	12	2017	JRN0019	12/31/17
CCMIDWST	072	8131	60000620	CR- Joerns	(94)	12	2017	JRN0019	12/31/17
CCMIDWST	072	8131	60000620	Acc 12/17	336	12	2017	JRN0019	12/31/17
CCMIDWST	072	8200	60000620	MOBILITY	(670)	12	2017	JRN0019	12/19/17
CCMIDWST	072	8200	60000620	MOBILITY	670	11	2017	JRN0019	11/30/17
CCMIDWST	072	8200	60000620	MOBILITY	670	9	2017	JRN0018	09/30/17
CCMIDWST	072	8200	60000620	MOBILITY	670	7	2017	JRN0018	07/31/17
CCMIDWST	072	8200	60000620	MOBILITY	670	6	2017	JRN0018	06/27/17
CCMIDWST	072	8200	60000620	MOBILITY	670	5	2017	JRN0018	05/31/17
CCMIDWST	072	8200	60000620	MOBILITY	670	4	2017	JRN0018	04/30/17
CCMIDWST	072	8200	60000620	MOBILITY	670	3	2017	JRN0018	03/31/17
CCMIDWST	072	8200	60000620	MOBILITY	670	2	2017	JRN0018	02/28/17
CCMIDWST	072	8200	60000620	MOBILITY	670	1	2017	JRN0018	01/31/17
CCMIDWST	072	8200	60000620	ACCELER	1,707	12	2017	JRN0019	12/25/17
CCMIDWST	072	8200	60000620	ACCELER	1,707	11	2017	JRN0019	11/25/17
CCMIDWST	072	8200	60000620	ACCELER	1,707	10	2017	JRN0018	10/25/17
CCMIDWST	072	8200	60000620	ACCELER	1,707	9	2017	JRN0018	09/25/17
CCMIDWST	072	8200	60000620	ACCELER	1,707	8	2017	JRN0018	08/25/17
CCMIDWST	072	8200	60000620	ACCELER	(208)	7	2017	JRN0018	07/25/17
CCMIDWST	072	8200	60000620	ACCELER	1,790	7	2017	JRN0018	07/25/17
CCMIDWST	072	8200	60000620	ACCELER	1,790	6	2017	JRN0018	06/25/17
CCMIDWST	072	8200	60000620	ACCELER	1,790	5	2017	JRN0018	05/25/17
CCMIDWST	072	8200	60000620	ACCELER	1,790	4	2017	JRN0018	04/25/17
CCMIDWST	072	8200	60000620	ACCELER	1,790	3	2017	JRN0018	03/25/17
CCMIDWST	072	8200	60000620	ACCELER	1,790	2	2017	JRN0018	02/25/17
CCMIDWST	072	8200	60000620	ACCELER	255	1	2017	JRN0018	01/31/17
CCMIDWST	072	8200	60000620	ACCELER	(280)	1	2017	JRN0018	01/31/17
CCMIDWST	072	8200	60000620	ACCELER	255	1	2017	JRN0018	01/31/17
CCMIDWST	072	8200	60000620	ACCELER	(280)	1	2017	JRN0018	01/31/17
CCMIDWST	072	8200	60000620	ACCELER	255	1	2017	JRN0018	01/31/17
CCMIDWST	072	8200	60000620	ACCELER	(280)	1	2017	JRN0018	01/31/17
CCMIDWST	072	8200	60000620	ACCELER	255	1	2017	JRN0018	01/31/17
CCMIDWST	072	8200	60000620	ACCELER	(280)	1	2017	JRN0018	01/31/17
CCMIDWST	072	8200	60000620	ACCELER	255	1	2017	JRN0018	01/31/17
CCMIDWST	072	8200	60000620	ACCELER	(280)	1	2017	JRN0018	01/31/17
CCMIDWST	072	8200	60000620	ACCELER	255	1	2017	JRN0018	01/31/17
CCMIDWST	072	8200	60000620	ACCELER	(280)	1	2017	JRN0018	01/31/17
CCMIDWST	072	8200	60000620	ACCELER	255	1	2017	JRN0018	01/31/17
CCMIDWST	072	8200	60000620	ACCELER	(280)	1	2017	JRN0018	01/31/17
CCMIDWST	072	8200	60000620	ACCELER	255	1	2017	JRN0018	01/31/17
CCMIDWST	072	8200	60000620	ACCELER	(280)	1	2017	JRN0018	01/31/17
CCMIDWST	072	8200	60000620	ACCELER	136	1	2017	JRN0018	01/31/17
CCMIDWST	072	8200	60000620	ACCELER	(149)	1	2017	JRN0018	01/31/17
CCMIDWST	072	8200	60000620	ACCELER	1,796	1	2017	JRN0018	01/25/17
CCMIDWST	072	8200	60000620	ACCELER	19	1	2017	JRN0018	01/27/17

Total

43,831

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

1	Service	Schedule V Line & Column Reference	2 Staff		3		4 Outside Practitioner (other than consultant)		5	6	7	8	9
			Units of Service	Cost	Units	Cost	Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)				
1	Licensed Occupational Therapist	V10A	0.00	hrs	\$ 0	6,493	\$ 313,828	\$ 0	6,493	\$ 313,828	1		
2	Licensed Speech and Language Development Therapist	V10A	0.00	hrs	0	5,165	174,306	0	5,165	174,306	2		
3	Licensed Recreational Therapist	V10A	0.00	hrs	0	0	0	0			3		
4	Licensed Physical Therapist	V10A	0.00	hrs	0	4,793	245,595	0	4,793	245,595	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	10,414		10,414	8		
9	Pharmacy	V39	0.00	# of prescripts	0	0	0	140,761		140,761	9		
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs							10		
11	Academic Education			hrs							11		
12	Other (specify): <b>LAB/RADIOLOGY</b>	V39	0.00		0	0	0	42,223		42,223	12		
13	Other (specify): <b>BILLABLE SUPPLIES</b>	V39	0.00		0	0	0	28,222		28,222	13		
14	<b>TOTAL</b>				\$	16,451	\$ 733,729	\$ 221,620	16,451	\$ 955,349	14		

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

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

	1	2	
	Operating	After Consolidation*	
<b>A. Current Assets</b>			
1	\$ 1,000	\$ 1,000	1
2			2
3	1,240,174	1,240,174	3
4	37,444	37,444	4
5			5
6			6
7	5,483	5,483	7
8			8
9	7,296	7,296	9
10	\$ 1,291,397	\$ 1,291,397	10
<b>B. Long-Term Assets</b>			
11			11
12	190,939	190,939	12
13			13
14		1,929,283	14
15	767,328	767,328	15
16	288,867	368,425	16
17	(655,672)	(856,224)	17
18			18
19			19
20			20
21			21
22			22
23	29,217	29,217	23
24	\$ 620,679	\$ 2,428,968	24
25	\$ 1,912,076	\$ 3,720,365	25

	1	2	
	Operating	After Consolidation*	
<b>C. Current Liabilities</b>			
26	\$ 2,228	\$ 2,228	26
27			27
28			28
29			29
30	80,192	80,192	30
31	30	30	31
32			32
33			33
34			34
35			35
<b>Other Current Liabilities(specify):</b>			
36	(206)	(206)	36
37	(3,669,370)	(2,200,301)	37
38	\$ (3,587,126)	\$ (2,118,057)	38
<b>D. Long-Term Liabilities</b>			
39			39
40			40
41			41
42			42
<b>Other Long-Term Liabilities(specify):</b>			
43	(130,718)	(130,718)	43
44			44
45	\$ (130,718)	\$ (130,718)	45
46	\$ (3,717,844)	\$ (2,248,775)	46
47	\$ 5,629,920	\$ 5,969,140	47
48	\$ 1,912,076	\$ 3,720,365	48

\*(See instructions.)

General Ledger Detail  
02/27/18  
01:15 PM

Mid West SNF/RES  
073-CC Jacksonville Holding, LLC (#072)  
For the Twelve Months Ending December 31, 2017

1

Acct Number	Dept	Account	Description	YTD
073-0000-12210000	0000	12210000	BLDG & IMPV - FACILITY BUILDINGS	1,929,283
073-0000-12410000	0000	12410000	EQUIP - MAJOR MOVABLE	79,558
073-0000-12710000	0000	12710000	ACC DEPR - FACILITY BUILDINGS	(160,773)
073-0000-12910000	0000	12910000	ACC DEPR - MAJOR MOVABLE EQUIP	(39,779)
073-0000-20800099	0000	20800099	INTERCOMPANY	(1,469,069)
073-0000-24400100	0000	24400100	EQUITY - RETAINED EARNINGS	(339,220)
073-0000-29990000	0000	29990000	CURRENT YEAR PROFIT/LOSS	192,995
073-7100-70009220	7100	70009220	PROPERTY DEPR-BLDGS & IMPROVEMENTS	64,309
073-7100-70009240	7100	70009240	PROPERTY DEPR-MAJOR MOVABLE EQUIP	15,912
073-8000-40003430	8000	40003430	MISC. REV. RENT INCOME	(273,216)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 5,116,920	1
2	Restatements (describe):		2
3	Rounding	(7)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 5,116,913	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	513,007	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)	\$ 513,007	17
<b>B. Transfers (Itemize):</b>			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 5,629,920	24 *

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

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

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

1

I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 4,970,180	1
2	Discounts and Allowances for all Levels	(1,400,951)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 3,569,229	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,695,393	6
7	Oxygen	3,115	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 2,698,508	8
<b>C. Other Operating Revenue</b>			
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	143,911	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	33,578	19
20	Radiology and X-Ray	9,527	20
21	Other Medical Services	19,673	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 206,689	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	202	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 202	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>AL/IL</u>		28
28a	<u>Misc Revenue</u>		28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 6,474,628	30

2

II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	664,821	31
32	Health Care	2,931,686	32
33	General Administration	1,454,666	33
<b>B. Capital Expense</b>			
34	Ownership	496,941	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	221,620	35
36	Provider Participation Fee	191,887	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 5,961,621	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	513,007	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 513,007	43
<b>III. Net Inpatient Revenue detailed by Payer Source</b>			
44	Medicaid - Net Inpatient Revenue	\$ 2,228,951	44
45	Private Pay - Net Inpatient Revenue	1,279,169	45
46	Medicare - Net Inpatient Revenue	2,074,261	46
47	Other-(specify) <b>ALL OTHER SNF/SCF IP REVENUE</b>	272,052	47
48	Other-(specify) <b>C/A ANCILLARY ACCOUNTS</b>	(2,285,204)	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 3,569,229	49

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

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? 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 Jacksonville Ski Nur & Rehab

**XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)**

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,234	2,266	\$ 110,810	\$ 48.90	1
2	Assistant Director of Nursing	0	0	0		2
3	Registered Nurses	3,507	4,349	183,384	42.17	3
4	Licensed Practical Nurses	23,630	23,630	575,312	24.35	4
5	CNAs & Orderlies	58,498	58,498	779,392	13.32	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	1,829	1,829	24,188	13.22	9
10	Activity Assistants	4,333	4,436	51,373	11.58	10
11	Social Service Workers	4,960	5,076	89,863	17.70	11
12	Dietician	0	0	0		12
13	Food Service Supervisor	1,790	1,790	28,691	16.03	13
14	Head Cook	0	0	0		14
15	Cook Helpers/Assistants	13,434	13,643	150,400	11.02	15
16	Dishwashers	0	0	0		16
17	Maintenance Workers	2,975	3,030	46,200	15.25	17
18	Housekeepers	5,382	5,402	63,266	11.71	18
19	Laundry	5,795	5,868	59,126	10.08	19
20	Administrator	1,283	1,304	54,038	41.44	20
21	Assistant Administrator	0	0	0		21
22	Other Administrative	0	0	0		22
23	Office Manager	0	0	0		23
24	Clerical	3,347	3,579	71,222	19.90	24
25	Vocational Instruction	2,061	2,061	62,578	30.36	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	1,758	1,762	51,395	29.17	31
32	Other Health Care(specify)	3,550	3,550	98,950	27.87	32
33	Other(specify)	90	96	3,462	36.06	33
34	<b>TOTAL (lines 1 - 33)</b>	<b>140,456</b>	<b>142,169</b>	<b>\$ 2,503,650 *</b>	<b>\$ 17.61</b>	<b>34</b>

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

\*\* See instructions.

**B. CONSULTANT SERVICES**

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	207	\$ 9,792	V01-3	35
36	Medical Director	65	12,000	V09-3	36
37	Medical Records Consultant	12	408	V10-3	37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	46	2,919	V11-3	44
45	Social Service Consultant	46	2,920	V12-3	45
46	Other(specify)				46
47					47
48					48
49	<b>TOTAL (lines 35 - 48)</b>	<b>376</b>	<b>\$ 28,038</b>		<b>49</b>

**C. CONTRACT NURSES**

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	189	\$ 10,977	V10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	<b>TOTAL (lines 50 - 52)</b>	<b>189</b>	<b>\$ 10,977</b>		<b>53</b>

**XIX. SUPPORT SCHEDULES**

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions			
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount			
Peggy Turke	Administrator	0	\$ 3,838	Workers' Compensation Insurance	\$ 50,283	IDPH License Fee	\$ 1,990			
Miranda Witt	Administrator	0	50,200	Unemployment Compensation Insurance		Advertising: Employee Recruitment	1,891			
				FICA Taxes	241,773	Health Care Worker Background Check				
				Employee Health Insurance	160,291	(Indicate # of checks performed _____)				
				Employee Meals		Patient Background Checks				
				Illinois Municipal Retirement Fund (IMRF)*		Dues & Subscriptions	4,261			
				Dental Insurance	(360)	Licenses & Permits	415			
				Vision Insurance	(41)	Allocated from Covenant Care				
				Other Employee Benefits	1,928					
				Group Life & Disability	2,306	Less: Public Relations Expense	( )			
				Employee Physicals/X-Ray	250	Non-allowable advertising	( )			
						Yellow page advertising	( )			
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)					\$ 54,038	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 8,557		
B. Administrative - Other				TOTAL (agree to Schedule V, line 22, col.8)						
Description				Amount						
Management Fees - Covenant Care California, LLC				\$ 324,721						
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				\$ 324,721						
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**			
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount		
See Attached	Legal Fees		\$ (7,447)			\$	Out-of-State Travel	\$		
Ability Network	Network Services		620							
Wescom Solutions Inc	Data Processing		39,445							
Clinical Resources	Medical Records		23,381				In-State Travel			
Verify	Data Processing		5,670							
Curaspan Health Group Inc	Computer Consultant		433							
National Datacare Corp	Data Processing		2,104				Seminar Expense	499		
Pinnacle Quality Insight	Customer Satisfaction		1,767				Allocated from Covenant Care			
Smartlinx Solutions	Labor Management Software		4,029							
							Entertainment Expense	( )		
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)				\$ 70,002			TOTAL (agree to Sch. V, line 24, col. 8)			\$ 499

\* Attach copy of IMRF notifications

\*\*See instructions.

Facility Name &amp; ID Number Jacksonville Skl Nur &amp; Rehab

# 0051433

Report Period Beginning:

01/01/17

Ending:

12/31/17

## XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. AHCA,IHCA \$4,261
- (3) Did the nursing home make political contributions or payments to a political organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 31,757 Line 10-02
- (7) Have all costs reported on this form been determined using accounting procedure consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? 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. \$ 191,887  
This amount is to be recorded on line 42 of Schedule V
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions
- (15) Indicate the cost of employee meals that has been reclassified to employee benefit on Schedule V. \$          Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? 100% Ln 1
- d. Have vehicle usage logs been maintained? Yes
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
- g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A**
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes  
Attach invoices and a summary of services for all architect and appraisal fees

Company	Locn	Dept	Account	Journal_Des	Amount	Month	Year	JournalNum	ApplyDate	Purpose	check	invoice
CCMIDWS	072	6901	60000470	Acr Sandb	121	1	2017	JRNL0018	01/31/17	reverse pr yr accrual		
CCMIDWS	072	6901	60000470	Acr Sandb	(121)	1	2017	JRNL0018	01/31/17	reverse pr yr accrual		
CCMIDWS	072	6901	60000470	Acr Sandb	319	1	2017	JRNL0018	01/31/17	reverse pr yr accrual		
CCMIDWS	072	6901	60000470	Acr Sandb	(319)	1	2017	JRNL0018	01/31/17	reverse pr yr accrual		
CCMIDWS	072	6901	60000470	Acr Sandb	8,174	1	2017	JRNL0018	01/31/17	reverse pr yr accrual		
CCMIDWS	072	6901	60000470	Acr Sandb	(8,174)	1	2017	JRNL0018	01/31/17	reverse pr yr accrual		
CCMIDWS	072	6901	60000470	Acr Sandb	(28)	1	2017	JRNL0018	01/31/17	collections		
CCMIDWS	072	6901	60000470	Acr Sandb	28	1	2017	JRNL0018	01/31/17	collections		
CCMIDWS	072	6901	60000470	Acr Sandb	121	2	2017	JRNL0018	02/28/17	reverse pr yr accrual		
CCMIDWS	072	6901	60000470	Acr Sandb	(121)	2	2017	JRNL0018	02/28/17	reverse pr yr accrual		
CCMIDWS	072	6901	60000470	Acr Sandb	319	2	2017	JRNL0018	02/28/17	reverse pr yr accrual		
CCMIDWS	072	6901	60000470	Acr Sandb	(319)	2	2017	JRNL0018	02/28/17	reverse pr yr accrual		
CCMIDWS	072	6901	60000470	Acr Sandb	8,174	2	2017	JRNL0018	02/28/17	reverse pr yr accrual		
CCMIDWS	072	6901	60000470	Acr Sandb	(8,174)	2	2017	JRNL0018	02/28/17	reverse pr yr accrual		
CCMIDWS	072	6901	60000470	Acr Sandb	(28)	2	2017	JRNL0018	02/28/17	Collections		
CCMIDWS	072	6901	60000470	Acr Sandb	28	2	2017	JRNL0018	02/28/17	Collections		
CCMIDWS	072	6901	60000470	SANDBER	28	3	2017	JRNL0018	03/16/17	collections		
CCMIDWS	072	6901	60000470	Acr Sandt	232	3	2017	JRNL0018	03/31/17	Collections		
CCMIDWS	072	6901	60000470	Acr Sandb	121	3	2017	JRNL0018	03/31/17	reverse pr yr accrual		
CCMIDWS	072	6901	60000470	Acr Sandb	(121)	3	2017	JRNL0018	03/31/17	reverse pr yr accrual		
CCMIDWS	072	6901	60000470	Acr Sandb	319	3	2017	JRNL0018	03/31/17	reverse pr yr accrual		
CCMIDWS	072	6901	60000470	Acr Sandb	(319)	3	2017	JRNL0018	03/31/17	reverse pr yr accrual		
CCMIDWS	072	6901	60000470	Acr Sandb	8,174	3	2017	JRNL0018	03/31/17	reverse pr yr accrual		
CCMIDWS	072	6901	60000470	Acr Sandb	(8,174)	3	2017	JRNL0018	03/31/17	reverse pr yr accrual		
CCMIDWS	072	6901	60000470	Acr Sandb	(28)	3	2017	JRNL0018	03/31/17	Collections		
CCMIDWS	072	6901	60000470	Acr Sandt	(232)	4	2017	JRNL0018	04/30/17	collections		
CCMIDWS	072	6901	60000470	Acr Sandt	232	4	2017	JRNL0018	04/30/17	collections		
CCMIDWS	072	6901	60000470	Acr Sandb	121	4	2017	JRNL0018	04/30/17	reverse pr yr accrual		
CCMIDWS	072	6901	60000470	Acr Sandb	(121)	4	2017	JRNL0018	04/30/17	reverse pr yr accrual		
CCMIDWS	072	6901	60000470	Acr Sandb	319	4	2017	JRNL0018	04/30/17	reverse pr yr accrual		
CCMIDWS	072	6901	60000470	Acr Sandb	(319)	4	2017	JRNL0018	04/30/17	reverse pr yr accrual		
CCMIDWS	072	6901	60000470	Acr Sandb	8,174	4	2017	JRNL0018	04/30/17	reverse pr yr accrual		
CCMIDWS	072	6901	60000470	Acr Sandb	(8,174)	4	2017	JRNL0018	04/30/17	reverse pr yr accrual		

CCMIDWS072	6901	60000470	Acr Sandt	(232)	5	2017	JRNLO018 05/31/17	collections	
CCMIDWS072	6901	60000470	SANDBER	232	5	2017	JRNLO018 05/31/17	collections	
CCMIDWS072	6901	60000470	Acr Sandb	121	5	2017	JRNLO018 05/31/17	reverse pr yr accrual	
CCMIDWS072	6901	60000470	Acr Sandb	(121)	5	2017	JRNLO018 05/31/17	reverse pr yr accrual	
CCMIDWS072	6901	60000470	Acr Sandb	319	5	2017	JRNLO018 05/31/17	reverse pr yr accrual	
CCMIDWS072	6901	60000470	Acr Sandb	(319)	5	2017	JRNLO018 05/31/17	reverse pr yr accrual	
CCMIDWS072	6901	60000470	Acr Sandb	8,174	5	2017	JRNLO018 05/31/17	reverse pr yr accrual	
CCMIDWS072	6901	60000470	Acr Sandb	(8,174)	5	2017	JRNLO018 05/31/17	reverse pr yr accrual	
CCMIDWS072	6901	60000470	Acr Sandb	289	5	2017	JRNLO018 05/31/17	collections	
CCMIDWS072	6901	60000470	Acr Sandb	121	6	2017	JRNLO018 06/30/17	reverse pr yr accrual	
CCMIDWS072	6901	60000470	Acr Sandb	(121)	6	2017	JRNLO018 06/30/17	reverse pr yr accrual	
CCMIDWS072	6901	60000470	Acr Sandb	319	6	2017	JRNLO018 06/30/17	reverse pr yr accrual	
CCMIDWS072	6901	60000470	Acr Sandb	(319)	6	2017	JRNLO018 06/30/17	reverse pr yr accrual	
CCMIDWS072	6901	60000470	Acr Sandb	8,174	6	2017	JRNLO018 06/30/17	reverse pr yr accrual	
CCMIDWS072	6901	60000470	Acr Sandb	(8,174)	6	2017	JRNLO018 06/30/17	reverse pr yr accrual	
CCMIDWS072	6901	60000470	Acr Sandb	16	6	2017	JRNLO018 06/30/17	collections	
CCMIDWS072	6901	60000470	Acr Sandb	289	6	2017	JRNLO018 06/30/17	collections	
CCMIDWS072	6901	60000470	Acr Sandb	(289)	6	2017	JRNLO018 06/30/17	collections	
CCMIDWS072	6901	60000470	SANDBER	289	7	2017	JRNLO018 07/31/17	collections	
CCMIDWS072	6901	60000470	Acr Sandb	121	7	2017	JRNLO018 07/31/17	reverse pr yr accrual	
CCMIDWS072	6901	60000470	Acr Sandb	(121)	7	2017	JRNLO018 07/31/17	reverse pr yr accrual	
CCMIDWS072	6901	60000470	Acr Sandb	319	7	2017	JRNLO018 07/31/17	reverse pr yr accrual	
CCMIDWS072	6901	60000470	Acr Sandb	(319)	7	2017	JRNLO018 07/31/17	reverse pr yr accrual	
CCMIDWS072	6901	60000470	Acr Sandb	8,174	7	2017	JRNLO018 07/31/17	reverse pr yr accrual	
CCMIDWS072	6901	60000470	Acr Sandb	(8,174)	7	2017	JRNLO018 07/31/17	reverse pr yr accrual	
CCMIDWS072	6901	60000470	Acr Sandb	16	7	2017	JRNLO018 07/31/17	Collections	
CCMIDWS072	6901	60000470	Acr Sandb	(16)	7	2017	JRNLO018 07/31/17	Collections	
CCMIDWS072	6901	60000470	Acr Sandb	(289)	7	2017	JRNLO018 07/31/17	Collections	
CCMIDWS072	6901	60000470	Acr Hoope	83	7	2017	JRNLO018 07/31/17	guardianship	
CCMIDWS072	6901	60000470	SANDBER	16	8	2017	JRNLO018 08/23/17	collections	
CCMIDWS072	6901	60000470	Acr Sandb	45	8	2017	JRNLO018 08/31/17	Collections	
CCMIDWS072	6901	60000470	Acr Sandb	(121)	8	2017	JRNLO018 08/31/17	reverse pr yr accrual	
CCMIDWS072	6901	60000470	Acr Sandb	(319)	8	2017	JRNLO018 08/31/17	reverse pr yr accrual	
CCMIDWS072	6901	60000470	Acr Sandb	(8,174)	8	2017	JRNLO018 08/31/17	reverse pr yr accrual	
CCMIDWS072	6901	60000470	Acr Sandb	(16)	8	2017	JRNLO018 08/31/17	Collections	
CCMIDWS072	6901	60000470	Acr Hoope	(83)	8	2017	JRNLO018 08/31/17	guardianship	
CCMIDWS072	6901	60000470	Acr Hoope	83	8	2017	JRNLO018 08/31/17	guardianship	
CCMIDWS072	6901	60000470	SANDBER	83	9	2017	JRNLO018 09/19/17	guardianship	
CCMIDWS072	6901	60000470	Acr Sandb	309	9	2017	JRNLO018 09/30/17	Collections	
CCMIDWS072	6901	60000470	Acr Sandb	45	9	2017	JRNLO018 09/30/17	Collections	
CCMIDWS072	6901	60000470	Acr Sandb	(45)	9	2017	JRNLO018 09/30/17	Collections	
CCMIDWS072	6901	60000470	Acr Hoope	(83)	9	2017	JRNLO018 09/30/17	guardianship	
CCMIDWS072	6901	60000470	SANDBER	45	10	2017	JRNLO018 10/31/17	collections	
CCMIDWS072	6901	60000470	Acr Sandb	309	10	2017	JRNLO018 10/31/17	collections	
CCMIDWS072	6901	60000470	Acr Sandb	(309)	10	2017	JRNLO018 10/31/17	collections	
CCMIDWS072	6901	60000470	Acr Sandb	(45)	10	2017	JRNLO018 10/31/17	collections	
CCMIDWS072	6901	60000470	Acr Sandb	165	10	2017	JRNLO019 10/31/17	collections	
CCMIDWS072	6901	60000470	SANDBER	309	11	2017	JRNLO019 11/30/17	collections	
CCMIDWS072	6901	60000470	SANDBER	165	11	2017	JRNLO019 11/30/17	collections	
CCMIDWS072	6901	60000470	Acr Sandb	(309)	11	2017	JRNLO019 11/30/17	collections	
CCMIDWS072	6901	60000470	Acr Sandb	(165)	11	2017	JRNLO019 11/30/17	collections	
CCMIDWS072	6901	60000470	Acr Sandb	28	12	2017	JRNLO019 12/31/17	collections	

Total (7,447)