



Facility Name & ID Number Henderson County Ret Center

# 0035246 Report Period Beginning: 01/01/13 Ending: 12/31/13

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	60	Skilled (SNF)	60	21,900	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	60	TOTALS	60	21,900	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	5,768	5,778	2,071	13,617	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	5,768	5,778	2,071	13,617	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 62.18%

D. How many bed-hold days during this year were paid by the Department? 0 (Do not include bed-hold days in Section B.)

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

n/a

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?  
YES  NO

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

I. On what date did you start providing long term care at this location?  
Date started 06/28/89

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date 05/16/89 NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 60 and days of care provided 2,071

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/13 Fiscal Year: 12/31/13

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

Facility Name &amp; ID Number

Henderson County Ret Center

# 0035246

Report Period Beginning:

01/01/13

Ending:

12/31/13

**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	141,010	12,240	4,047	157,297		157,297		157,297		1
2	Food Purchase		102,565		102,565		102,565	(8,585)	93,980		2
3	Housekeeping	43,780	9,172		52,952		52,952		52,952		3
4	Laundry	25,409	4,881	1,547	31,837		31,837		31,837		4
5	Heat and Other Utilities			59,302	59,302		59,302	(1)	59,301		5
6	Maintenance	53,431	11,366	33,810	98,607		98,607		98,607		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	263,630	140,224	98,706	502,560		502,560	(8,586)	493,974		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			21,356	21,356		21,356		21,356		9
10	Nursing and Medical Records	765,429	74,834	2,831	843,094		843,094	(3,090)	840,004		10
10a	Therapy	29,245	2,493	233,023	264,761		264,761		264,761		10a
11	Activities	40,387	5,439	1,623	47,449		47,449		47,449		11
12	Social Services	27,940	713	1,623	30,276		30,276		30,276		12
13	CNA Training										13
14	Program Transportation	244	11,392	296	11,932		11,932		11,932		14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	863,245	94,871	260,752	1,218,868		1,218,868	(3,090)	1,215,778		16
	<b>C. General Administration</b>										
17	Administrative	109,413			109,413		109,413		109,413		17
18	Directors Fees										18
19	Professional Services			30,043	30,043		30,043		30,043		19
20	Dues, Fees, Subscriptions & Promotions			28,388	28,388	(11)	28,377	(11,427)	16,950		20
21	Clerical & General Office Expenses	31,759	15,544	13,934	61,237	11	61,248		61,248		21
22	Employee Benefits & Payroll Taxes			193,990	193,990		193,990		193,990		22
23	Inservice Training & Education			2,852	2,852	109	2,961		2,961		23
24	Travel and Seminar			10,245	10,245	(109)	10,136		10,136		24
25	Other Admin. Staff Transportation		1,266		1,266		1,266		1,266		25
26	Insurance-Prop.Liab.Malpractice			46,046	46,046		46,046		46,046		26
27	Other (specify):*			4,328	4,328		4,328	(1,010)	3,318		27
28	<b>TOTAL General Administration</b>	141,172	16,810	329,826	487,808		487,808	(12,437)	475,371		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	1,268,047	251,905	689,284	2,209,236		2,209,236	(24,113)	2,185,123		29

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

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

Facility Name &amp; ID Number Henderson County Ret Center

#0035246

Report Period Beginning:

01/01/13

Ending:

12/31/13

## 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	
	<b>D. Ownership</b>											
30	Depreciation			128,121	128,121		128,121	(12,077)	116,044			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			45,700	45,700		45,700	(20,594)	25,106			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			2,770	2,770		2,770		2,770			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			176,591	176,591		176,591	(32,671)	143,920			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		49,898		49,898		49,898		49,898			39
40	Barber and Beauty Shops		31	3,569	3,600		3,600		3,600			40
41	Coffee and Gift Shops		4,794		4,794		4,794		4,794			41
42	Provider Participation Fee			102,781	102,781		102,781		102,781			42
43	Other (specify):*			14,045	14,045		14,045	(14,044)	1			43
44	<b>TOTAL Special Cost Centers</b>		54,723	120,395	175,118		175,118	(14,044)	161,074			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	1,268,047	306,628	986,270	2,560,945		2,560,945	(70,828)	2,490,117			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 Henderson County Ret Center

# 0035246

Report Period Beginning: 01/01/13

Ending: 12/31/13

**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	(8,372)	2		4
5	Telephone, TV & Radio in Resident Rooms	(1)	5		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients	(3,090)	10		7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(81)	30		9
10	Interest and Other Investment Income	(20,594)	32		10
11	Discounts, Allowances, Rebates & Refunds	(213)	2		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	(1,010)	27		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(14,044)	43		24
25	Fund Raising, Advertising and Promotional	(11,427)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(11,996)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (70,828)		\$	30

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
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$		36
	(sum of SUBTOTALS)			
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	\$ (70,828)		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	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

BHF USE ONLY						
48		49		50		51
						52

Henderson County Ret Center

ID# 0035246

Report Period Beginning: 01/01/13

Ending: 12/31/13

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Lease Buy-out (Deprec Cost)	\$ (11,996)	30	1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>		(11,996)	49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Henderson County Ret Center

# 0035246

Report Period Beginning:

01/01/13

Ending:

12/31/13

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

	Operating Expenses	PAGES	PAGE	SUMMARY										
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(8,585)	0	0	0	0	0	0	0	0	0	0	(8,585)	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	(1)	0	0	0	0	0	0	0	0	0	0	(1)	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>	<b>(8,586)</b>	<b>0</b>	<b>(8,586)</b>	<b>8</b>									
	<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	(3,090)	0	0	0	0	0	0	0	0	0	0	(3,090)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	<b>TOTAL Health Care and Programs</b>	<b>(3,090)</b>	<b>0</b>	<b>(3,090)</b>	<b>16</b>									
	<b>C. General Administration</b>													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	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	(11,427)	0	0	0	0	0	0	0	0	0	0	(11,427)	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	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):*	(1,010)	0	0	0	0	0	0	0	0	0	0	(1,010)	27
28	<b>TOTAL General Administration</b>	<b>(12,437)</b>	<b>0</b>	<b>(12,437)</b>	<b>28</b>									
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(24,113)</b>	<b>0</b>	<b>(24,113)</b>	<b>29</b>									

## STATE OF ILLINOIS

Summary B

Facility Name &amp; ID Number Henderson County Ret Center

# 0035246

Report Period Beginning:

01/01/13

Ending:

12/31/13

## 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	(12,077)	0	0	0	0	0	0	0	0	0	0	(12,077)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(20,594)	0	0	0	0	0	0	0	0	0	0	(20,594)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>(32,671)</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>(32,671)</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):*	(14,044)	0	0	0	0	0	0	0	0	0	0	(14,044)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(14,044)</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>(14,044)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	<b>(sum of lines 29, 37 &amp; 44)</b>	<b>(70,828)</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>(70,828)</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

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V			\$			\$	\$	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	<b>Total</b>			\$			\$	\$ *	14

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

**VII. RELATED PARTIES**

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

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 Henderson County Ret Center

# 0035246 Report Period Beginning: 01/01/13 Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

Facility Name & ID Number Henderson County Ret Center

# 0035246

Report Period Beginning:

01/01/13

Ending:

12/31/13

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

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

1	Name of Lender	2		3	4	5	6		7	8	9	10						
		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	Security Savings		X	Mortgage	\$10,306.88	10/22/08	\$ 849,849	\$ 652,830	10/22/38	5.8750	\$ 43,997	1						
2												2						
3												3						
4												4						
5												5						
	<b>Working Capital</b>																	
6	Bank of Stronghurst		X	Cash Flow	Interest	09/12/12	25,000		06/19/13	2.6500	243	6						
7	Bank of Stronghurst		X	Cash Flow	Interest	10/01/12	50,000		03/19/13	2.5500	265	7						
8	See List Attached		X	Cash Flow	Interest		125,000		03/19/13	2.5500	1,195	8						
9	<b>TOTAL Facility Related</b>				\$10,306.88		\$ 1,049,849	\$ 652,830			\$ 45,700	9						
	<b>B. Non-Facility Related*</b>																	
10												10						
11												11						
12												12						
13												13						
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$	14						
15	<b>TOTALS (line 9+line14)</b>						\$ 1,049,849	\$ 652,830			\$ 45,700	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ \_\_\_\_\_ Line # \_\_\_\_\_

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

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

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

**B. Real Estate Taxes**

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>				
1. Real Estate Tax accrual used on 2012 report.		\$			1	
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$			2	
3. Under or (over) accrual (line 2 minus line 1).		\$			3	
4. Real Estate Tax accrual used for 2013 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.		\$			7	
Real Estate Tax History:						
Real Estate Tax Bill for Calendar Year:	2008	_____	8	<b>FOR BHF USE ONLY</b>		
	2009	_____	9			
	2010	_____	10			
	2011	_____	11			
	2012	_____	12			
				13	FROM R. E. TAX STATEMENT FOR 2012 \$	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.**

## 2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Henderson County Ret Center COUNTY Henderson

FACILITY IDPH LICENSE NUMBER 0035246

CONTACT PERSON REGARDING THIS REPORT \_\_\_\_\_

TELEPHONE ( ) \_\_\_\_\_ FAX #: ( ) \_\_\_\_\_

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

Enter the tax index number and real estate tax assessed for 2012 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 2012.

	(A) <u>Tax Index Number</u>	(B) <u>Property Description</u>	(C) <u>Total Tax</u>	(D) <u>Tax Applicable to Nursing Home</u>
1.	_____	_____	\$ _____	\$ _____
2.	_____	_____	\$ _____	\$ _____
3.	_____	_____	\$ _____	\$ _____
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
		<b>TOTALS</b>	\$ _____	\$ _____

**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                 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 2012 tax bills which were listed in Section A to this statement. Be sure to use the 2012 tax bill which is normally paid during 2013.

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

Facility Name & ID Number Henderson County Ret Center

# 0035246 Report Period Beginning:

01/01/13 Ending:

12/31/13

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 18,636 B. General Construction Type: Exterior Brick Frame Wood/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).

Rental House, Non-Healthcare Related  
Supportive Living, 20 Beds

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 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<u>Care Related</u>	<u>217,600</u>	<u>1988</u>	<u>\$ 15,000</u>	<u>1</u>
2					<u>2</u>
3	<b>TOTALS</b>	<b>217,600</b>		<b>\$ 15,000</b>	<b>3</b>

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	60	1989	1988	\$ 1,260,000	\$ 42,031	30	\$ 42,000	\$ (31)	\$ 1,032,330	4
5	6	2000	2000	530,989	13,301	40	13,275	(26)	177,624	5
6										6
7										7
8										8
<b>Improvement Type**</b>										
9	PARKING LOT/LANDSCAPING	1989		25,102		20			25,102	9
10	LANDSCAPING	1990		937		20			937	10
11	LAND IMPROVEMENT	1995		1,839	92	20	92		1,732	11
12	BRICK SIGN	1996		12,915	620	20	646	26	11,261	12
13	LAND IMPROVEMENT	1992		2,003		20			2,003	13
14	LIGHTNING RODS	1998		3,600	100	15	100		3,600	14
15	NEW SOFFITS	1998		26,138	730	15	730		26,138	15
16	PHONE SYSTEM	1998		6,738	262	15	262		6,738	16
17	SIDE WALKS	1998		4,500	226	20	225	(1)	3,427	17
18	ALARM SYSTEM	1998		8,266		10			8,266	18
19	LAUNDRY/GARAGE BLDG	1999		50,330	3,374	15	3,355	(19)	48,362	19
20	STORAGE BLDG	1999		8,911	597	15	594	(3)	8,563	20
21	NEW ROOF	1999		16,311	1,094	15	1,087	(7)	15,400	21
22	LANDSCAPING	2000		1,706	85	20	85		1,123	22
23	FURNICE	2001		2,848		10			2,848	23
24	NEW EXIT	2001		1,645	110	15	110		1,406	24
25	LANDSCAPING	2002		954		10			954	25
26	GARAGE/STORAGE BUILDING	2002		12,800	858	15	853	(5)	9,796	26
27	ROOFING/SHINGLES	2003		17,838	1,192	15	1,189	(3)	12,475	27
28	Walk-in Freezer	2007		20,883	1,044	20	1,044		6,352	28
29	Window Tinting	2007		2,985	150	20	149	(1)	924	29
30	Door Closures	2007		4,345	434	10	434		2,679	30
31	Window Tinting	2008		1,164	58	20	58		340	31
32	Generator	2009		101,961	5,098	20	5,098		23,366	32
33	Fire Sprinkler	2010		17,425	1,162	15	1,162		4,066	33
34	Sprinkler Heads	2011		17,425	1,162	15	1,162		3,195	34
35	Parking Lot/Driveway	2011		30,280	2,030	15	2,019	(11)	5,413	35
36	\$00 Hall-Painting Labor	2012		11,822	592	20	592		788	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 Henderson County Ret Center

# 0035246

Report Period Beginning:

01/01/13

Ending:

12/31/13

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Dining Room Paint	2012	\$ 5,415	\$ 271	20	\$ 271	\$	\$ 293	37
38	Dining Room Flooring	2012	18,677	934	20	934		1,012	38
39	400 Hall-new Handraiols, Kickplates, Wall Coverings	2012	11,842	591	20	591		794	39
40	Door Alarms	2013	3,272	55	20	55		55	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									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 2,243,866	\$ 78,253		\$ 78,172	\$ (81)	\$ 1,449,362	70

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 225,027	\$ 22,059	\$ 22,059	\$	9	\$ 116,535	71
72	Current Year Purchases	70,021	6,928	6,928		6	6,928	72
73	Fully Depreciated Assets	580,753				9	580,753	73
74								74
75	TOTALS	\$ 875,801	\$ 28,987	\$ 28,987	\$		\$ 704,216	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	Patient Transport	07 Dodge Caravan	2007	\$ 17,725	\$	\$	\$	5	\$ 17,725	76
77	Patient Transport	06 Ford e450	2011	35,095	5,264	5,264		5	35,095	77
78	Maintenance and Snow Rem	1995 Ford F250	2011	9,000	1,800	1,800		5	4,950	78
79	Patient Transport	Van	2012	9,105	1,821	1,821		5	3,642	79
80	TOTALS			\$ 70,925	\$ 8,885	\$ 8,885	\$		\$ 61,412	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)	\$ 3,205,592	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 116,125	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 116,044	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (81)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,214,990	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	Rental Property	\$ 68,955	\$ 2,344	\$ 14,455	86
87	Rental Property	4,597	156	911	87
88	Rental Property	13,703	116	116	88
89	Supportive Living	1,734,794	52,880	221,612	89
90					90
91	TOTALS	\$ 1,822,049	\$ 55,496	\$ 237,094	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 Henderson County Ret Center

# 0035246

Report Period Beginning:

01/01/13

Ending: 12/31/13

**XII. RENTAL COSTS**

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

1. Name of Party Holding Lease: \_\_\_\_\_

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? \_\_\_\_\_

If NO, see instructions.

YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	<b>TOTAL</b>				\$			7

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

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

	Fiscal Year Ending	Annual Rent
--	--------------------	-------------

12. \_\_\_\_\_ /2014 \$ \_\_\_\_\_

13. \_\_\_\_\_ /2015 \$ \_\_\_\_\_

14. \_\_\_\_\_ /2016 \$ \_\_\_\_\_

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: \$ 2,770 Description: Oxygen (\$1,301.13), Copier Rent (\$1,469.25)

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

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

Facility Name & ID Number Henderson County Ret Center # 0035246 Report Period Beginning: 01/01/13 Ending: 12/31/13  
**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.)**

<p><b>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</b></p> <p><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><b>2. CLASSROOM PORTION:</b></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><b>3. CLINICAL PORTION:</b></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		3	4
		1	2		
		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	<b>TOTALS</b>	\$	\$	\$	\$
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**

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	10a-3	hrs	\$	1,049	\$ 67,158	\$	1,049	\$ 67,158	1
2	Licensed Speech and Language Development Therapist	10a-3	hrs		187	11,934		187	11,934	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a-3	hrs		1,296	82,951		1,296	82,951	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39-2	# of prescripts				49,898		49,898	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):									13
14	<b>TOTAL</b>			\$	2,532	\$ 162,044	\$ 49,898	2,532	\$ 211,942	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 Henderson County Ret Center

# 0035246

Report Period Beginning: 01/01/13

Ending:

12/31/13

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/13

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 178,825	\$ 215,860	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	351,848	397,829	3
4	Supply Inventory (priced at <u>FIFO</u> )	27,834	31,321	4
5	Short-Term Investments	504,009	504,009	5
6	Prepaid Insurance	2,274	15,014	6
7	Other Prepaid Expenses	8,518	10,340	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	<b>\$ 1,073,308</b>	<b>\$ 1,174,373</b>	<b>10</b>
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	22,500	22,500	13
14	Buildings, at Historical Cost	2,597,556	4,258,163	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,057,018	1,131,205	16
17	Accumulated Depreciation (book methods)	(2,482,914)	(2,700,851)	17
18	Deferred Charges		(24,570)	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>CIP</u>	30,731	30,731	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	<b>\$ 1,224,891</b>	<b>\$ 2,717,178</b>	<b>24</b>
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	<b>\$ 2,298,199</b>	<b>\$ 3,891,551</b>	<b>25</b>

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 73,308	\$ 77,303	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	81,351	95,741	30
31	Accrued Taxes Payable (excluding real estate taxes)	897	897	31
32	Accrued Real Estate Taxes(Sch.IX-B)	1,318	1,318	32
33	Accrued Interest Payable	2,732	6,268	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>Payroll Withholdings</u>	1,822	1,822	36
37	<u>Rounding</u>	1	1	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	<b>\$ 161,429</b>	<b>\$ 183,350</b>	<b>38</b>
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable	652,830	1,962,635	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	<b>\$ 652,830</b>	<b>\$ 1,962,635</b>	<b>45</b>
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	<b>\$ 814,259</b>	<b>\$ 2,145,985</b>	<b>46</b>
47	<b>TOTAL EQUITY(page 18, line 24)</b>	<b>\$ 1,495,468</b>	<b>\$ 1,745,566</b>	<b>47</b>
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	<b>\$ 2,309,727</b>	<b>\$ 3,891,551</b>	<b>48</b>

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,267,997	1
2	Restatements (describe):		2
3	Rounding	(1)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,267,996	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	400,048	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) Rental Div Loss	(3,004)	15
16	Other (describe) Supportive Living Division Profit	80,526	16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 477,570	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)	\$ 1,745,566	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	\$ 2,216,741	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 2,216,741	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	77,148	6
7	Oxygen	502	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 77,650	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	4,869	12
13	Barber and Beauty Care	3,641	13
14	Non-Patient Meals	8,372	14
15	Telephone, Television and Radio	1	15
16	Rental of Facility Space		16
17	Sale of Drugs	13,011	17
18	Sale of Supplies to Non-Patients	3,090	18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	9,405	21
22	Laundry	720	22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 43,109	23
<b>D. Non-Operating Revenue</b>			
24	Contributions	539,062	24
25	Interest and Other Investment Income***	20,594	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 559,656	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>Bad Debt Settlement</u>	39,403	28
28a	<u>See List Attached</u>	24,435	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 63,838	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 2,960,994	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	502,560	31
32	Health Care	1,218,868	32
33	General Administration	487,808	33
<b>B. Capital Expense</b>			
34	Ownership	176,591	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	72,337	35
36	Provider Participation Fee	102,781	36
<b>D. Other Expenses (specify):</b>			
37	<u>rounding</u>	1	37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 2,560,946	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	400,048	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 400,048	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 650,177	44
45	Private Pay - Net Inpatient Revenue	810,575	45
46	Medicare - Net Inpatient Revenue	755,989	46
47	Other-(specify)		47
48	Other-(specify)		48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 2,216,741	49

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

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

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

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

Facility Name & ID Number Henderson County Ret Center

# 0035246

Report Period Beginning:

01/01/13

Ending:

12/31/13

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,837	2,102	\$ 54,613	\$ 25.98	1
2	Assistant Director of Nursing	1,112	1,415	23,559	16.65	2
3	Registered Nurses	5,760	6,786	144,487	21.29	3
4	Licensed Practical Nurses	9,819	11,384	198,855	17.47	4
5	CNAs & Orderlies	26,013	29,130	303,429	10.42	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,077	2,555	29,246	11.45	8
9	Activity Director	1,071	1,446	17,851	12.35	9
10	Activity Assistants	2,248	2,579	22,536	8.74	10
11	Social Service Workers	1,660	2,004	27,940	13.94	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	1,785	2,145	27,287	12.72	14
15	Cook Helpers/Assistants	4,191	4,705	70,730	15.03	15
16	Dishwashers	7,049	7,935	42,993	5.42	16
17	Maintenance Workers	3,212	3,602	53,431	14.83	17
18	Housekeepers	4,534	5,075	43,780	8.63	18
19	Laundry	1,922	2,425	25,409	10.48	19
20	Administrator	1,773	2,070	109,413	52.86	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	2,048	2,278	31,759	13.94	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Care Plan Coord	1,761	2,007	40,485	20.17	32
33	Other(specify) <u>Act Driver</u>	20	22	244	11.09	33
34	TOTAL (lines 1 - 33)	79,892	91,665	\$ 1,268,047 *	\$ 13.83	34

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

\*\* See instructions.

**B. CONSULTANT SERVICES**

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	103	\$ 4,047	1-3	35
36	Medical Director	Contract	21,356	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Contract	2,831	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	Contract	1,623	11-3	44
45	Social Service Consultant	Contract	1,623	12-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	103	\$ 31,480		49

**C. CONTRACT NURSES**

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



XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).  
(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	<b>TOTALS</b>	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name &amp; ID Number Henderson County Ret Center

# 0035246

Report Period Beginning:

01/01/13

Ending:

12/31/13

## 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. LSN \$2,486.64
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? \_\_\_\_\_
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 6
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 10,289 Line 10-2
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. \_\_\_\_\_
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 102,781  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? Yes If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? n/a
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 8,372
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? Yes If YES, please indicate the amount of income earned from such a program during this reporting period. \$ 12,890  
c. What percent of all travel expense relates to transportation of nurses and patients? 95  
d. Have vehicle usage logs been maintained? Yes  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? n/a  
g. Does the facility transport residents to and from day training? No  
Indicate the amount of income earned from providing such transportation during this reporting period. \$ \_\_\_\_\_
- (17) Has an audit been performed by an independent certified public accounting firm? Yes  
Firm Name: Bennet & Middendorf
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? n/a  
Attach invoices and a summary of services for all architect and appraisal fees.

Henderson County Retirement Center, Inc.  
#0035246  
01/01/13 to 12/31/13

Schedule V. Line 6, Column 3

REPAIRS & MAINT DIETARY	\$3,393.46
REPAIRS & MAINT LAUNDRY	\$945.49
REPAIRS & MAINT HSK	\$0.00
OUTSIDE SERVICES	\$7,017.32
REPAIRS & MAINT BUILDING	\$12,959.81
REPAIRS & MAINT EQUIP	\$1,759.33
REPAIRS & MAINT GROUNDS	\$2,708.74
REFUSE	\$2,884.19
REPAIRS & MAINT GEN/ADM	\$2,141.95

TOTAL \$33,810.29

Schedule V. Line 21, Column 3

TELEPHONE EXPENSE	\$6,350.16
Board Minutes	\$200.00
Software Support	\$5,821.17
IVANS Medicare Billings	\$1,563.04
TOTAL	<u>\$13,934.37</u>

Schedule V. Line 14 & 25, Column 2 (90% to line 14)

Auto Exp. & Service	\$5,256.71
Auto Gas & Oil	\$6,701.60
Business Mileage Expense	\$699.27
	<u>\$12,657.58</u>

Schedule V. Line 43, Column 3

Bad Debt	\$14,044.00
Rounding	\$1.00
	<u>\$14,045.00</u>

Schedule V. Line 27, Column3

Data Process-Internet	\$1,403.55
Contributions	\$1,010.00
Misc Exp.	\$1,649.10
bank fees	<u>\$265.52</u>

\$4,328.17

Schedule XX. Question 12

All salaries are allocated on the basis of actual time worked in each department.

Schedule XVII, Line 28a, Column 1

Transportation Income-Pvt	\$1,312.50
Transportation Income-IDPA	\$12,889.54
Suppliments	\$1,539.00
WheelChair Rental	\$650.00
Admission Income	\$900.00
Uniform Sales	-\$410.00
Activities Program Income	\$12.63
Personal Purchase income	\$44.69
Gain or Loss on Sale of Asset	\$0.00
Rebates	\$212.55
Dues	\$1,520.00
Misc. Income	\$5,763.44
Rounding	\$1.00
	<u>\$24,435.35</u>

Schedule XIX, Section F.

LSN	Dues	\$2,486.64
AANAC Renewal Fee	Dues	\$110.00
INHAA	Dues	\$100.00
American Association for Long Term Care	Dues	\$175.00
Fred Pryor Seminars	Subscription	\$199.00
Providersweb.com	Subscription	\$299.00
Techsoup	Subscription	\$90.00
Savetz Publishing	Subscription	\$47.00
Point Click Care	Support Fees	\$681.02
SHRM	Membership	\$165.00
Misc Subscriptions	Subscriptions	\$898.37
Relias	Support Fees	\$601.66
ANFP	Dues	\$165.00
IDPH	Sanitation Lic.	\$35.00
IL Charity Buraeu	990-g Fee	\$15.00

Secretary of State	Annual Fee	\$10.00
Debra Brown	Sanitation Lic.	\$75.00
Petty Cash	Notary Fee	\$5.00
Secretary of State	Fees	\$101.00
Secretary of State	CDL License	\$30.00
Secretary of State	Auto Stickers	\$131.00
Petty Cash	Report Fee	\$16.00
Secretary of State	CDL License	\$50.00
A. Cozadd	IDPH License Renewal	\$102.50
Michael Hpkins	CDL License	\$51.05
Rounding		-\$1.00
		<u>\$6,638.24</u>

Henderson County Retirement Center, Inc.

#0035246

01/01/13 to 12/31/13

Board Members

Diana Doran, Pres  
Box 417  
Carman, IL 61425

Judy Roessler  
RR1, Box 11  
Media, IL 61460

Sally Fisher  
RR 1  
Lomax, IL 61454

Tom Edmonds  
RR 1, Box 129  
Lomax, IL 61454

Mary Reed, Treas.  
RR 1, Box 80  
Little York, IL 61453

Tom Pullen  
Box 199  
Gladstone, IL 61437

Nancy Stevenson, Sec.  
RR 1  
Gladstone, IL 61437

David Gerst  
RR 1, Box 111  
Lomax, IL 61454

Ralph Tatge, Vice Pres.  
Box 535  
Stronghurst, IL 61480

Honorary Board Members

Laura Kent Donahue  
Zach Stamp

Diana Doran's insurance agency is the agent for the Commercial Package Policy.  
The agency also provides the surety bond for the nursing home.

Henderson County Retirement Center, Inc.

#0035246

01/01/13 to 12/31/13

Reclassifications

1 Reclassify \$10.53 from background checks to Postage due to coding error.

2 Reclassify \$109.00 from Seminar to In-Service Training due to miscoding Webinar.

3 Reclassify \$

4 Reclassify \$

5 Reclassify \$

6 Reclassify \$

Henderson County Retirement Center, Inc.  
 #0035246  
 01/01/13 to 12/31/13

Name of Lender	Related**		Purpose of Loan	Payment Required	Date of Note	Amount of Note		Maturity Date	Rate (4 Digits)	Interest Expense
	YES	NO				Original	Balance			
Bank of Stronghurst	X		Cash Flow Interest		10/5/2012	\$25,000.00	\$0.00	3/19/2013	2.5500%	\$132.74
Bank of Stronghurst	X		Cash Flow Interest		11/21/2012	\$50,000.00	\$0.00	3/19/2013	2.5500%	\$265.48
Bank of Stronghurst	X		Cash Flow Interest		12/7/2012	\$50,000.00	\$0.00	3/19/2013	2.5500%	\$265.48
Bank of Stronghurst	X		Cash Flow Interest		5/16/1987	\$175,000.00	\$0.00	12/19/2013	2.5000%	\$530.81
						\$300,000.00	\$0.00			\$1,194.51

Henderson County Retirement Center, Inc.  
#0035246  
01/01/13 to 12/31/13

2013 Census

Pvt Pay	Medicaid	Medicare	Total columus
431	553	218	<b>1202</b>
393	484	168	<b>1045</b>
464	492	325	<b>1281</b>
535	468	294	<b>1297</b>
560	508	113	<b>1181</b>
476	486	132	<b>1094</b>
538	483	20	<b>1041</b>
491	456	145	<b>1092</b>
480	455	212	<b>1147</b>
446	471	213	<b>1130</b>
478	466	124	<b>1068</b>
486	446	107	<b>1039</b>
<b>5778</b>	<b>5768</b>	<b>2071</b>	<b>13617</b>

Henderson County Retirement Center, Inc.  
#0035246  
01/01/13 to 12/31/13

Schedule V. Line 24, Column3

Check Date	Who Attended	When Attended	Where Attended	Name of Seminar	Expense	Amount	Totals
1/8/2013	D. Kircher & A. Cozadd	3/1/2013	Burlington, IA	Payroll Law 2014	Registration	\$ 199.00	\$ 199.00
1/28/2013	D. Kircher, B. Tapscott, S. Annegers	2/4/2013	Springfield, IL	Managed Care - Will You Be Ready?	Registration	\$ 165.00	\$ 165.00
1/30/2013	Alicia Pence	2/15-16, 3/15-16/13	East Peoria, IL	36 Hours Activity Director's Course	Registration	\$ 300.00	
2/4/2013	D. Kircher, B. Tapscott, S. Annegers	2/4/2013	Springfield, IL	Managed Care - Will You Be Ready?	Fuel	\$ 32.00	
2/4/2013	B. Tapscott, S. Annegers, D. Kircher	2/4/2013	Springfield, IL	Managed Care - Will You Be Ready?	Meals	\$ 20.00	\$ 52.00
3/11/2013	A. Pence	2/15-16/2013	Peoria, IL	36 Hours Activity Director's Course	Fuel	\$ 41.97	
2/20/2013	B. Tapscott, D. Kircher, A. Cozadd	3/20/2013	Springfield, IL	IL Move to Medicaid Managed Care: Your Strategic Actio	Registration	\$ 242.00	
2/22/2013	B. Tapscott, D. Kircher	2/22/2013	Springfield, IL	Understanding The Affordable Care Act	Fuel	\$ 77.00	\$ 118.97
2/25/2013	S. Annegers - A. Anderson -Reimbur	11/5-7/12	St. Louis, MO	Medicare Training Workshop for LTC - Given \$75.00 for	Meals	\$ (36.29)	
2/18/2013	S. Annegers	2/25-2/28/13	Springfield, IL	Restorative/Rehabilitation Certification Program for Licer	Hotel	\$ 300.78	
2/18/2013	S. Annegers	2/25-2/28/13	Springfield, IL	Restorative/Rehabilitation Certification Program for Licer	Meals	\$ 75.00	
2/14/2013	S. Annegers	2/25-2/28/13	Springfield, IL	Restorative/Rehabilitation Certification Program for Licer	Registration	\$ 799.00	
1/14/2013	A. Anderson	1/14/2013	Springfield, IL	Spoon River - Train The Trainer Reimbursement - Went	Registration	\$ (450.00)	
3/1/2013	D. Kircher & A. Cozadd	3/1/2013	Burlington, IA	Payroll Law 2014	Meals	\$ 24.38	
3/4/2014	D. Kircher	4/3/2013	Peoria, IL	Coding & Billing for Therapy & Rehab	Registration	\$ 199.00	
3/20/2013	A. Cozadd, B. Tapscott, D. Kircher	3/20/2013	Springfield, IL	IL Move to Medicaid Managed Care: Your Strategic Actio	Meals	\$ 39.51	\$ 63.89
3/21/2013	Nancy Tapscott	4/12-13/13	East Peoria, IL	36 Hours Activity Director's Course	Registration	\$ 75.00	
4/4/2013	D. Kircher	4/4/2013	Peoria, IL	Coding & Billing for Therapy & Rehab	Meals	\$ 11.56	
4/4/2013	D. Kircher	4/4/2013	Peoria, IL	Coding & Billing for Therapy & Rehab	Parking	\$ 9.00	\$ 20.56
4/3/2013	D. Kircher	4/4/2013	Peoria, IL	Coding & Billing for Therapy & Rehab	Fuel	\$ 44.33	
4/4/2013	A. Cozadd	5/1-5/3/13	Chicago, IL	2013 LSN Annual Meeting & Exhibition	Registration	\$ 500.00	
4/4/2013	A. Cozadd	5/1-5/3/13	Chicago, IL	2013 LSN Annual Meeting & Exhibition	Amtrak	\$ 42.00	
4/9/2013	S. Annegers	4/15-4/18/13	Mt. Vernon, IL	Restorative Rehabilitation Certification Program for Licer	Hotel	\$ 324.99	
4/10/2013	S. Annegers	4/15-4/18/13	Mt. Vernon, IL	Restorative Rehabilitation Certification Program for Licer	Meals	\$ 18.91	
4/11/2013	N. Tapscott	4/12-4/13/13	East Peoria, IL	36 Hours Activity Director's Course	Meals	\$ 32.65	
4/11/2013	N. Tapscott	4/12-4/13/13	East Peoria, IL	36 Hours Activity Director's Course	Fuel	\$ 60.45	
4/14/2013	N. Tapscott	4/12-4/13/13	East Peoria, IL	36 Hours Activity Director's Course	Fuel	\$ 60.95	
4/19/2013	N. Tapscott	4/12-4/13/13	East Peoria, IL	36 Hours Activity Director's Course	Fuel	\$ 27.71	
4/12/2013	5 attending safety training on transportation	4/10/2013	Stronghurst, IL	HFS Passenger Assistance Classroom Training	Registration	\$ 300.00	
4/12/2013	5 attending safety training on transportation	4/10/2012	Stronghurst, IL	HFS Passenger Assistance Classroom Training	se of Church	\$ 50.00	
4/23/2013	A. Anderson	5/13-17/13	Springfield, IL	Lincoln Land Comm College - Train the Trainer	Registration	\$ 530.00	
4/28/2013	B. Tapscott	4/22-4/24/13	Bloomington, IL	SLF Manager Training	Hotel	\$ 438.80	

4/29/2013	A. Cozadd	5/1-5/3/13	Chicago, IL	2013 LSN Annual Meeting & Exhibition	Meals	\$	108.06
5/7/2013	A. Cozadd, R. Weyant, A. Anderson	5/9/2013	Macomb, IL	Leadercast-Be a Leader Worth Following	Registration	\$	210.00
5/9/13	A. Cozadd, R. Weyant, A. Anderson	5/9/2013	Macomb, IL	Leadercast-Be a Leader Worth Following	Meals	\$	37.16
5/7/2013	N. Tapscott	5/4/2013	East Peoria, IL	36 Hours Activity Director's Course	Meals	\$	78.04
5/7/2013	N. Tapscott	5/4/2013	East Peoria, IL	36 Hours Activity Director's Course	Fuel	\$	41.86
5/8/2013	A. Cozadd	4/30-5/2/13	Springfield, IL	2013 LSN Annual Meeting & Exhibition	Cab	\$	14.05
5/8/2013	A. Cozadd	4/30-5/2/13	Springfield, IL	2013 LSN Annual Meeting & Exhibition	Parking	\$	90.00
5/8/2013	A. Anderson	5/13-5/17/13	Springfield, IL	Train the Trainer	Hotel	\$	300.44
5/9/2013	S. Annegers	4/11-12 & 4/15-19/13	Mt. Vernon, IL	Restorative Nurse Training	Hotel	\$	63.00
5/9/2013	S. Annegers	4/11-12 & 4/15-19/13	Mt. Vernon, IL	Restorative Nurse Training	Mileage	\$	114.75
5/9/2013	S. Annegers	4/11-12 & 4/15-19/13	Mt. Vernon, IL	Restorative Nurse Training	Meals	\$	35.34
5/11/2013	A. Anderson	5/13-5/17/13	Springfield, IL	Lincoln Land Comm College - Train the Trainer	Meals	\$	136.17
5/20/2013	A. Anderson	5/13-5/17/13	Springfield, IL	Lincoln Land Comm College - Train the Trainer	Mileage	\$	197.42
6/25/2013	N. Tapscott	5/2/2013	East Peoria, IL	36 Hours Activity Director's Course	Fuel	\$	62.70
6/12/2013	C. Chenoweth, A. Pence, J. Hetrick	6/11/2013	Galesburg, IL	Strong For Life	Mileage	\$	36.00
6/12/2013	C. Chenoweth, A. Pence, J. Hetrick,	6/11/2013	Galesburg, IL	Strong For Life & Tri County Reserves Meeting	Mileage	\$	28.35
6/18/2013	B. Faul, D. Kircher, A. Cozadd, R. W	6/27/2013	Bloomington, IL	Meet Your Managed Care Organizations	Registration	\$	100.00
6/18/2013	A. Pence, A. Anderson	6/27/2013	Bloomington, IL	Meet Your Managed Care Organizations	Registration	\$	25.00
6/27/2013	A. Anderson, R. Weyant, A. Cozadd,	6/27/2013	Bloomington, IL	Meet Your Managed Care Organizations	Meals	\$	6.98
7/25/2013	D. Kircher, B. Faul, A. Pence	6/4/2013	Peoria, IL	Waugh Foods, Inc. Healthcare Extravaganza	Fuel	\$	50.00
7/25/2013	R. Weyant, C. Carnes	6/10/2013	Springfield, IL	SMART Act Update	Fuel	\$	43.98
7/3/2013	D. Kircher, A. Cozadd, B. Tapscott	9/5, 9/12, 9/19/13	Springfield, IL	DON-CLTC - DON in LTC Certification Program	Registration	\$	510.00
7/24/2013	S. Annegers	8/23-24/13	East Peoria, IL	36 Hours Activity Director's Course	Registration	\$	150.00
7/26/2013	Joyce Hetrick	8/2/2013	Metamora, IL	Interact 3.0 Workshop - DID NOT ATTEND	Registration	\$	60.00
8/26/2013	S. Annegers, K. Kaup, A. Anderson	7/24/2013	Rockford, IL	Martin Bros Rockford Food Show	Fuel	\$	43.83
7/24/2013	R. Weyant, D. Brown	7/24/2013	Rockford, IL	Martin Bros Rockford Food Show	Snack	\$	2.16
7/24/2013	R. Weyant, D. Brown	7/24/2013	Rockford, IL	Martin Bros Rockford Food Show	Toll Booth	\$	7.20
8/9/2013	R. Weyant, A. Anderson, S. Anneger	8/6/2013	Springfield, IL	Quality Assessment & Performance Improvement (QAPI	Meals	\$	32.39
8/26/2013	Joyce Hetrick	8/23-24/13	East Peoria, IL	36 Hours Activity Director's Course	Fuel	\$	25.02
9/25/2013	D. Kircher	8/8/2013	Burlington, IA	OSHA Compliance	Fuel	\$	33.40
9/25/2013	J. Avery, B. Tapscott	8/15/2013	Monmouth, IL	Shelter Training	Fuel	\$	39.01
9/25/2013	Joyce Hetrick	8/23-24/13	East Peoria, IL	36 Hours Activity Director's Course	Fuel	\$	35.00
8/26/2013	Joyce Hetrick	8/23-8/24/13	East Peoria, IL	36 Hours Activity Director's Course	Meals	\$	21.40
9/23/2013	D. Kircher	9/19/2013	Burlington, IA	Human resources For Anyone with Newly HR Responsib	Mileage	\$	20.14
9/23/2013	D. Kircher	9/19/2013	Burlington, IA	Human resources For Anyone with Newly HR Responsib	Meals	\$	5.35
9/26/2013	A. Cozadd, S. Annegers, D. Kircher,	10/9/2013	Springfield, IL	RUG 48 and Getting Credit for What You Do	Registration	\$	380.00
10/28/2013	S. Annegers	9/5/2013	Springfield, IL	DON-CLTC - DON in LTC Certification Program	Fuel	\$	50.02
10/28/2013	S. Annegers	9/11/2013	Springfield, IL	DON-CLTC - DON in LTC Certification Program	Fuel	\$	68.01
10/28/2013	S. Annegers	9/17/2013	Springfield, IL	DON-CLTC - DON in LTC Certification Program	Fuel	\$	47.52
10/28/2013	R. Weyant, M. Stimpson, J. Bohnenk	9/28/2013	Waterloo, IA	Martin Bros Fall Food Show	Fuel	\$	25.36

9/27/2013	S. Newman, T. Hayes, D. Creasy	9/14/2013	Galesburg, IL	Restorative Nursing Assistant Training	Registration	\$	450.00
10/2/2013	R. Weyant, M. Stimpson, J. Bohnenk	10/9/2013	Waterloo, IA	Martin Bros Fall Food Show	Fuel	\$	35.00
10/2/2013	R. Weyant, M. Stimpson, J. Bohnenk	10/9/2013	Waterloo, IA	Martin Bros Fall Food Show	Snack	\$	4.36
10/9/2013	A. Cozadd, S. Annegers, D. Kircher,	10/9/2013	Springfield, IL	RUG 48 and Getting Credit for What You Do	Meals	\$	65.28
11/25/2013	A. Cozadd, S. Annegers, D. Kircher,	10/9/2013	Springfield, IL	RUG 48 and Getting Credit for What You Do	Fuel	\$	38.45
11/8/2013	A. Cozadd, A. Anderson, S. Anneger	11/20/2013	Springfield, IL	Clinical Services in Post-Acute Care	Registration	\$	405.00
11/8/2013	B. Tapscott, W. Noble	11/19/2013	Springfield, IL	Supportive Living Success: Training for Providers & Revi	Registration	\$	270.00
11/8/2013	B. Tapscott, W. Noble	11/20/2013	Springfield, IL	Clinical Services in Post-Acute Care	Registration	\$	190.00
11/8/2013	R. Weyant	11/13/2013	Galesburg, IL	Insightful Food Safety	Registration	\$	99.00
12/10/2013	R. Weyant	11/13/2013	Galesburg, IL	Insightful Food Safety	Fuel	\$	38.78
12/17/2013	6 attending safety training on transpo	12/30/2013	Stronghurst, IL	HFS Passenger Assistance Classroom Training	Registration	\$	600.00
12/30/2013	6 attending safety training on transpo	12/30/2013	Stronghurst, IL	HFS Passenger Assistance Classroom Training	se of Churd	\$	50.00
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Henderson County Retirement Center, Inc.  
 #0035246  
 01/01/13 to 12/31/13

Schedule V. Line 23, Column3

Check Date	When Attended	Vendor Name	Name of In-Service	Amount	
1/10/2013	2/7/2013	Life Service Network	Employment Law Update	\$ 109.00	
2/26/2013	1/28/2013	Channing Bete Co	CPR Equip for In-Services	\$ 236.10	
2/5/2013	2/20/2013	Polaris Group	Therapy 2013 Claims Based Data Collection	\$ 159.00	
2/8/2013	2/7/2013	Blessing Hospital	CPR Cards	\$ 1.50	
2/12/2013	3/7/2013	Wal-Mart	Key Holder & File Box for CPR Training	\$ 2.50	
3/14/2013	3/7/2013	Blessing Hospital	CPR Cards	\$ 16.50	
4/23/2013	12/20/2012	Polaris Group	MDS 3.0 - Part 5 - CD	\$ 145.00	
4/8/2013	3/14/2013	Blessing Hospital	CPR Cards	\$ 24.00	
4/11/2013	4/18/2013	ANFP Marketplace -Robert Weyant	Modified Diets & Concepts in MNT	\$ 199.00	This is a manual for Dietary
4/12/2013	4/22/2013	Polaris Group	Medicare Skilled Nursing Documentation	\$ 237.95	This is a manual for Dietary
5/6/2013	5/6/2013	IL Food Retailers Assoc. -R Weyant	Food Service Sanitation Program -On Line	\$ 200.00	For Robert & Janet B.
5/15/2013	6/15/2013	Angelia Cozadd - Dupont	Customer Service in LTC: Making It World-Class	\$ 219.09	
5/29/2013		AANAC	MDS Update Webinar - Webinar on Demand	\$ 99.00	
6/12/2013	6/12/2013	Blessing Hospital	CPR Cards	\$ 24.00	
7/11/2013	7/23/13 & 7/30/13	Life Service Network	The Final HIPPA Rules: Are You In Compliance?	\$ 370.00	
7/26/2013	7/31/2013	Polaris Group	Therapy 2013 Claims Based Data Collection-NEW	\$ 109.00	
7/30/2013	8/14/13 & 9/18/13	Life Service Network	Interact 3.0 Webinar Series	\$ 159.00	
8/1/2013	8/14/2013	Emergency Medical Equipment	CPR Supplies for training	\$ 38.38	
8/14/2013	8/14/2013	Blessing Hospital	CPR Cards	\$ 10.00	
9/3/2013	3/5/2014	Relias - Angie Cozadd	Relias training for employees - on going	\$ 168.13	
9/9/2013	9/17/2013	Pathways Health Services, Inc.	Day in the Life of a DON	\$ 89.00	
9/9/2013	9/19/2013	Pathways Health Services, Inc.	The DON Guide to PP Budget	\$ 89.00	
9/19/2013	7/19/2013	HC Pro	LTC Clinical Assessment & Documentation-Returned	\$ (109.00)	Ordered in 7/16-109.00 should show up - It was a manual
10/31/2013	10/29/2013 & 11/6/13	OmniCare	IV Push Meds & Hypodermic Classes & TPN Pain Control	\$ 450.00	
11/20/2013	11/13/2013	Blessing Hospital	CPR Cards	\$ 6.00	
12/24/2013	12/24/2013	Webinar	What are THEY Looking At and How Do I Survive the Scrutiny	\$ 109.00	
12/31/2013	12/5/2013	Polaris Group	Credit on Webinar not taken	\$ (199.90)	
			Total In Service Training	<u>#####</u>	