

Facility Name & ID Number Henderson County Retirement Center, Inc.

0035246 Report Period Beginning: 01/01/18 Ending: 12/31/18

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	58	Skilled (SNF)	58	21,170	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	58	TOTALS	58	21,170	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				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	4,492	8,508	1,470	14,470	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	4,492	8,508	1,470	14,470	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 68.35%

D. How many bed reserve days during this year were paid by the Department? 0 (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)

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 06/28/1988

J. Was the facility purchased or leased after January 1, 1978?
YES Date 06/28/88 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 1,470

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

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

Facility Name & ID Number Henderson County Retirement Center, Inc. # 0035246 Report Period Beginning: 01/01/18 Ending: 12/31/18

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	164,112	12,468	4,987	181,567		181,567		181,567		1
2	Food Purchase		112,279		112,279	44	112,323	(11,256)	101,067		2
3	Housekeeping	67,232	10,308		77,540		77,540		77,540		3
4	Laundry	31,600	5,170		36,770		36,770	(720)	36,050		4
5	Heat and Other Utilities			69,258	69,258		69,258		69,258		5
6	Maintenance	60,054	12,676	40,023	112,753		112,753	(14,617)	98,136		6
7	Other (specify):*										7
8	TOTAL General Services	322,998	152,901	114,268	590,167	44	590,211	(26,593)	563,618		8
	B. Health Care and Programs										
9	Medical Director			10,500	10,500		10,500		10,500		9
10	Nursing and Medical Records	967,786	54,731	5,861	1,028,378		1,028,378	(73)	1,028,305		10
10a	Therapy		2,564	270,660	273,224		273,224		273,224		10a
11	Activities	44,421	6,818	1,375	52,614	(125)	52,489		52,489		11
12	Social Services	38,338		1,375	39,713	(125)	39,588		39,588		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	1,050,545	64,113	289,771	1,404,429	(250)	1,404,179	(73)	1,404,106		16
	C. General Administration										
17	Administrative	88,501			88,501		88,501		88,501		17
18	Directors Fees										18
19	Professional Services			65,389	65,389		65,389		65,389		19
20	Dues, Fees, Subscriptions & Promotions			15,962	15,962		15,962	(5,841)	10,121		20
21	Clerical & General Office Expenses	36,284	10,661	5,922	52,867		52,867	(8,320)	44,547		21
22	Employee Benefits & Payroll Taxes			272,688	272,688	26	272,714		272,714		22
23	Inservice Training & Education			1,541	1,541		1,541		1,541		23
24	Travel and Seminar			3,173	3,173	224	3,397		3,397		24
25	Other Admin. Staff Transportation		3,894		3,894		3,894		3,894		25
26	Insurance-Prop.Liab.Malpractice			47,685	47,685		47,685		47,685		26
27	Other (specify):*			1,320	1,320		1,320	(100)	1,220		27
28	TOTAL General Administration	124,785	14,555	413,680	553,020	250	553,270	(14,261)	539,009		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	1,498,328	231,569	817,719	2,547,616	44	2,547,660	(40,927)	2,506,733		29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	D. Ownership	1	2	3	4	5	6	7	8		
30	Depreciation			150,111	150,111		150,111	(12,066)	138,045		30
31	Amortization of Pre-Op. & Org.										31
32	Interest			22,461	22,461		22,461	(31,891)	(9,430)		32
33	Real Estate Taxes										33
34	Rent-Facility & Grounds										34
35	Rent-Equipment & Vehicles			1,577	1,577	(44)	1,533		1,533		35
36	Other (specify):*										36
37	TOTAL Ownership			174,149	174,149	(44)	174,105	(43,957)	130,148		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		68,218		68,218		68,218		68,218		39
40	Barber and Beauty Shops			4,394	4,394		4,394		4,394		40
41	Coffee and Gift Shops		4,355		4,355		4,355		4,355		41
42	Provider Participation Fee			110,664	110,664		110,664		110,664		42
43	Other (specify):*			8,698	8,698		8,698	(8,698)			43
44	TOTAL Special Cost Centers		72,573	123,756	196,329		196,329	(8,698)	187,631		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	1,498,328	304,142	1,115,624	2,918,094		2,918,094	(93,582)	2,824,512		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	(10,723)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients	(73)	10		7
8	Laundry for Non-Patients	(720)	4		8
9	Non-Straightline Depreciation	(70)	30		9
10	Interest and Other Investment Income	(31,891)	32		10
11	Discounts, Allowances, Rebates & Refunds	(533)	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	(100)	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	(8,698)	43		24
25	Fund Raising, Advertising and Promotional	(5,841)	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	(34,933)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (93,582)		\$	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	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (93,582)		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

BHF USE ONLY							
48		49		50		51	

Henderson County Retirement Center, Inc.

ID# 0035246

Report Period Beginning: 01/01/18

Ending: 12/31/18

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Lease Buy-out	\$ (11,996)	30	1
2	Allocation of Wages to SLF-Clerical	(8,320)	21	2
3	Allocation of Wages to SLF-Maintenance	(14,617)	6	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	Total	(34,933)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Henderson County Retirement Center, Inc.

0035246

Report Period Beginning:

01/01/18

Ending:

12/31/18

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	(11,256)	0	0	0	0	0	0	0	0	0	0	(11,256)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	(720)	0	0	0	0	0	0	0	0	0	0	(720)	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	(14,617)	0	0	0	0	0	0	0	0	0	0	(14,617)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(26,593)	0	(26,593)	8									
B. Health Care and Programs														
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(73)	0	0	0	0	0	0	0	0	0	0	(73)	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	TOTAL Health Care and Programs	(73)	0	(73)	16									
C. General Administration														
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	(5,841)	0	0	0	0	0	0	0	0	0	0	(5,841)	20
21	Clerical & General Office Expenses	(8,320)	0	0	0	0	0	0	0	0	0	0	(8,320)	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):*	(100)	0	0	0	0	0	0	0	0	0	0	(100)	27
28	TOTAL General Administration	(14,261)	0	(14,261)	28									
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(40,927)	0	(40,927)	29									

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Henderson County Retirement Center, Inc. # 0035246 Report Period Beginning: 01/01/18 Ending: 12/31/18

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

	Capital Expense	PAGES	PAGE	SUMMARY									
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS
													(to Sch V, col.7)
30	Depreciation	(12,066)	0	0	0	0	0	0	0	0	0	0	(12,066) 30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0 31
32	Interest	(31,891)	0	0	0	0	0	0	0	0	0	0	(31,891) 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	TOTAL Ownership	(43,957)	0	(43,957) 37									
	Ancillary Expense												
	E. Special Cost Centers												
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0 38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0 39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0 40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0 41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0 42
43	Other (specify):*	(8,698)	0	0	0	0	0	0	0	0	0	0	(8,698) 43
44	TOTAL Special Cost Centers	(8,698)	0	(8,698) 44									
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(93,582)	0	(93,582) 45									

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business

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

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

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

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

Facility Name & ID Number

Henderson County Retirement Center, Inc.

0035246

Report Period Beginning:

01/01/18

Ending:

12/31/18

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

Facility Name & ID Number Henderson County Retirement Center, Inc. # 0035246 Report Period Beginning: 01/01/18 Ending: 12/31/18

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 Retirement Center, Inc. # 0035246 Report Period Beginning: 01/01/18 Ending: 12/31/18

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	TOTALS				\$	\$		\$	25

Facility Name & ID Number Henderson County Retirement Center, Inc. # 0035246 Report Period Beginning: 01/01/18 Ending: 12/31/18

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		8	9	10					
		Related**					Monthly Payment Required	Date of Note				Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO									Original	Balance			
A. Directly Facility Related																
Long-Term																
1	Security Savings		X	Mortgage	\$10,306.88	10/22/08	\$ 849,849	\$ 509,955	08/01/2039	4.2500	\$ 22,461	1				
2												2				
3												3				
4												4				
5												5				
Working Capital																
6												6				
7												7				
8												8				
9	TOTAL Facility Related				\$10,306.88		\$ 849,849	\$ 509,955			\$ 22,461	9				
B. Non-Facility Related*																
10												10				
11												11				
12												12				
13												13				
14	TOTAL Non-Facility Related						\$	\$			\$	14				
15	TOTALS (line 9+line14)						\$ 849,849	\$ 509,955			\$ 22,461	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.)

2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Henderson County Retirement Center, Inc. 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 2017 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2017.

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

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

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

Facility Name & ID Number Henderson County Retirement Center, Inc.

0035246

Report Period Beginning:

01/01/18

Ending:

12/31/18

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).

3 Non-Healthcare Related Rental Homes

30 Bed Supportive Living Center

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	Care Related	2,176,000	1988	\$ 15,000	1
2					2
3	TOTALS	2,176,000		\$ 15,000	3

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	60		1989	1988	\$ 1,260,000	\$ 42,031	30	\$ 42,000	\$ (31)	\$ 1,242,487	4
5	6		2000	2000	530,989	13,301	30	13,275	(26)	244,130	5
6											6
7											7
8											8
	Improvement Type**										
9		PARKING LOT/LANDSCAPING	1989		25,102		20			25,102	9
10		LANDSCAPING	1990		937		20			937	10
11		LAND IMPROVEMENT	1995		1,839		20			1,839	11
12		BRICK SIGN	1996		12,915		20			12,915	12
13		LAND IMPROVEMENT	1992		2,003		20			2,003	13
14		LIGHTNING RODS	1998		3,600		15			3,600	14
15		NEW SOFFITS	1998		26,138		15			26,138	15
16		PHONE SYSTEM	1998		6,738		15			6,738	16
17		SIDE WALKS	1998		4,500	169	20	169		4,500	17
18		ALARM SYSTEM	1998		8,266		10			8,266	18
19		LAUNDRY/GARAGE BLDG	1999		50,330		15			50,330	19
20		STORAGE BLDG	1999		8,911		15			8,911	20
21		NEW ROOF	1999		16,311		15			16,311	21
22		LANDSCAPING	2000		1,706	85	20	85		1,549	22
23		FURNICE	2001		2,848		10			2,848	23
24		NEW EXIT	2001		1,645		15			1,645	24
25		LANDSCAPING	2002		954		10			954	25
26		GARAGE/STORAGE BUILDING	2002		12,800		15			12,800	26
27		ROOFING/SHINGLES	2003		17,838	596	15	596		17,838	27
28		Walk-in Freezer	2007		20,883	1,044	20	1,044		11,572	28
29		Window Tinting	2007		2,985	150	20	149	(1)	1,674	29
30		Door Closures	2007		4,345		10			4,345	30
31		Window Tinting	2008		1,164	58	20	58		631	31
32		Generator	2009		101,961	5,098	20	5,098		48,857	32
33		Fire Sprinkler	2010		17,425	1,162	15	1,162		9,874	33
34		Sprinkler Heads	2011		17,425	1,162	15	1,162		9,003	34
35		Parking Lot/Driveway	2011		30,280	2,030	15	2,019	(11)	15,563	35
36		400 Hall-Painting Labor	2012		11,822	591	20	590	(1)	3,741	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 Retirement Center, Inc.

0035246

Report Period Beginning:

01/01/18

Ending:

12/31/18

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		\$ 1,647	37
38	Dining Room Flooring	2012	18,677	934	20	934		5,681	38
39	400 Hall-new Handrails, Kickplates, Wall Coverings	2012	11,842	592	20	593	1	3,756	39
40	Door Alarms	2013	3,272	164	20	164		872	40
41	100 Hall-Flooring	2014	27,954	1,398	20	1,398		5,707	41
42	100 Hall-Painting Labor	2014	12,011	601	20	601		2,452	42
43	100 Hall-Construction Labor	2014	20,838	1,042	20	1,042		4,254	43
44	100 Hall-Wall Coverings	2014	8,363	418	20	418		1,707	44
45	100 Hall-Wall Plates	2014	1,724	86	20	86		352	45
46	100 Hall-Trim	2014	1,496	75	20	75		305	46
47	100 Hall-Building Materials	2014	10,572	529	20	529		2,158	47
48	100 Hall-Doors	2014	2,116	212	10	212		864	48
49	100 Hall-Shutters	2014	1,910	191	10	191		780	49
50	Storage Unit	2015	3,975	199	20	199		614	50
51	Flooring-Old Dining Room	2015	13,789	689	20	689		2,126	51
52	200 Hall-paint/wall paper	2016	12,497	625	20	625		1,875	52
53	200 Hall Door Frame Protectors	2016	3,485	174	20	174		523	53
54	200 Hall Flooring	2016	19,944	997	20	997		2,992	54
55	200 Hall Labor	2016	8,500	425	20	425		1,275	55
56	200 Hall-Water Line	2016	7,448	372	20	372		1,117	56
57	200 Hall-building Material	2016	2,504	125	20	125		375	57
58	200 Hall-Labor	2016	10,560	528	20	528		1,584	58
59	PT Room-Cabinetry	2017	8,799	440	20	440		733	59
60	PT Room-Materials/Labor	2017	64,213	3,211	20	3,211		5,351	60
61	PT Room-Glass Door	2017	5,074	254	20	254		423	61
62	PT Room-Flooring	2017	5,912	296	20	296		493	62
63	PT Room-Electric	2017	11,061	553	20	553		922	63
64	PT Room-Decorating Labor	2017	3,564	178	20	178		297	64
65	Day Room-Material/Labor	2017	22,869	1,144	20	1,143	(1)	1,715	65
66	Day Room-Flooring	2017	6,743	337	20	337		506	66
67	Day Room-WoodWork	2017	6,635	332	20	332		498	67
68	Day Room-Lighting	2017	2,418	121	20	121		181	68
69	Foyer-Material/Labor	2017	16,706	835	20	835		905	69
70	TOTAL (lines 4 thru 69)		\$ 2,567,546	\$ 85,825		\$ 85,755	\$ (70)	\$ 1,852,141	70

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

Facility Name & ID Number Henderson County Retirement Center, Inc.

0035246

Report Period Beginning:

01/01/18

Ending:

12/31/18

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 2,567,546	\$ 85,825		\$ 85,755	\$ (70)	\$ 1,852,141	1
2	Foyer-Flooring	2017	24,730	1,236	20	1,236		1,340	2
3	Floyer-Lighting	2017	601	30	20	30		33	3
4	Central Core-Wall Coverings	2017	2,464	123	20	123		195	4
5	New Roof Nursing Home	2018	44,280	1,476	15	1,476		1,476	5
6	300 Hall-Flooring	2018	26,974	450	20	450		450	6
7	300 Hall-Plumbing	2018	2,433	41	20	41		41	7
8	300 Hall-Material/Labor	2018	31,103	518	20	518		435	8
9	300 Hall-Cabinets	2018	1,965	65	10	65		65	9
10	300 Hall-Shutters	2018	4,610	154	10	154		154	10
11	300 Hall-Lighting	2018	3,030	101	10	101		101	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	TOTAL (lines 1 thru 33)		\$ 2,709,735	\$ 90,019		\$ 89,949	\$ (70)	\$ 1,856,431	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 355,115	\$ 37,944	\$ 37,944	\$	9	\$ 207,047	71
72	Current Year Purchases	39,570	2,536	2,536		9	2,536	72
73	Fully Depreciated Assets	698,267					698,267	73
74								74
75	TOTALS	\$ 1,092,952	\$ 40,480	\$ 40,480	\$		\$ 907,850	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 Transportation	07 Dodge Caravan	2007	\$ 17,725	\$	\$	\$	5	\$ 17,725	76
77	Patient Transportation	06 Ford E450	2008	35,095				5	35,095	77
78	Maintenance & Snow Remov	1995 Ford F250	2011	9,000				5	9,000	78
79	See List	See List	See List	47,183	7,616	7,616		5	42,106	79
80	TOTALS			\$ 109,003	\$ 7,616	\$ 7,616	\$		\$ 103,926	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)	\$ 3,926,690	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 138,115	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 138,045	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (70)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,868,207	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 House	\$ 87,254	\$ 2,965	\$ 30,307	86
87	Rental House	60,160	2,039	7,987	87
88	Rental House	85,175	3,127	10,536	88
89	Supportive Living	3,037,897	55,698	489,755	89
90					90
91	TOTALS	\$ 3,270,486	\$ 63,829	\$ 538,585	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.

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	TOTAL				\$			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.	_____ /2019	\$ _____
13.	_____ /2020	\$ _____
14.	_____ /2021	\$ _____

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: \$ 1,533 Description: Oxygen Lease \$99.00, WheelChair Rental \$168.00, Copier Rent \$1265.88

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

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>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. <u>CLASSROOM PORTION:</u></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. <u>CLINICAL PORTION:</u></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.)

	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	\$	1,256	\$ 107,215	\$	1,256	\$ 107,215	1
2	Licensed Speech and Language Development Therapist	10a-3	hrs		177	12,082		177	12,082	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a-3	hrs		1,893	144,931		1,893	144,931	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				68,218		68,218	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):					3,869			3,869	12
13	Other (specify): <u>See List</u>	10a-3				8,470			8,470	13
14	TOTAL			\$	3,326	\$ 276,567	\$ 68,218	3,326	\$ 344,785	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 Retirement Center, Inc.

0035246

Report Period Beginning: 01/01/18

Ending:

12/31/18

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/18

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 331,151	\$ 572,895	1
2	Cash-Patient Deposits		(32,700)	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	426,937	461,979	3
4	Supply Inventory (priced at <u>fifo</u>)	23,861	30,811	4
5	Short-Term Investments	546,367	546,367	5
6	Prepaid Insurance	2,616	16,336	6
7	Other Prepaid Expenses	12,959	16,744	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,343,891	\$ 1,612,432	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	22,500	22,500	13
14	Buildings, at Historical Cost	2,970,478	6,015,663	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,318,438	1,543,239	16
17	Accumulated Depreciation (book methods)	(3,177,037)	(3,715,622)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify <u>CIP</u>)	13,665	13,665	22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,148,044	\$ 3,879,445	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,491,935	\$ 5,491,877	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 127,655	\$ 139,098	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	70,697	89,616	30
31	Accrued Taxes Payable (excluding real estate taxes)	3,324	3,669	31
32	Accrued Real Estate Taxes(Sch.IX-B)		5,787	32
33	Accrued Interest Payable	3,267	5,843	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Payroll withholding</u>	(4,371)	(4,371)	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 200,572	\$ 239,642	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable	509,955	2,278,178	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 509,955	\$ 2,278,178	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 710,527	\$ 2,517,820	46
47	TOTAL EQUITY(page 18, line 24)	\$ 2,974,057	\$ 2,974,057	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,684,584	\$ 5,491,877	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,640,615	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,640,615	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	75,177	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)	(6,172)	15
16	Other (describe)	264,437	16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 333,442	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 2,974,057	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

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 2,356,646	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 2,356,646	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	494,364	6
7	Oxygen	1,000	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 495,364	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	4,563	12
13	Barber and Beauty Care	4,243	13
14	Non-Patient Meals	10,723	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	25,027	17
18	Sale of Supplies to Non-Patients	93	18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry	720	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 45,369	23
D. Non-Operating Revenue			
24	Contributions	12,150	24
25	Interest and Other Investment Income***	31,891	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 44,041	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See List Attached</u>	51,851	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 51,851	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 2,993,271	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	590,211	31
32	Health Care	1,404,179	32
33	General Administration	553,270	33
B. Capital Expense			
34	Ownership	174,105	34
C. Ancillary Expense			
35	Special Cost Centers	110,664	35
36	Provider Participation Fee	85,665	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 2,918,094	40
41	Income before Income Taxes (line 30 minus line 40)**	75,177	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 75,177	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 652,796	44
45	Private Pay - Net Inpatient Revenue	1,289,902	45
46	Medicare - Net Inpatient Revenue	413,948	46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 2,356,646	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 Henderson County Retirement Center, Inc.

0035246

Report Period Beginning: 01/01/18

Ending: 12/31/18

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	1,835	2,086	\$ 62,854	\$ 30.13	1
2	Assistant Director of Nursing	1,305	1,619	37,721	23.30	2
3	Registered Nurses	5,996	7,562	203,612	26.93	3
4	Licensed Practical Nurses	7,259	8,350	181,960	21.79	4
5	CNAs & Orderlies	29,686	32,933	429,069	13.03	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,914	2,086	26,577	12.74	9
10	Activity Assistants	1,652	1,836	17,844	9.72	10
11	Social Service Workers	2,003	2,599	38,338	14.75	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	1,953	2,139	27,154	12.69	14
15	Cook Helpers/Assistants	4,926	5,274	54,374	10.31	15
16	Dishwashers	7,428	8,537	82,583	9.67	16
17	Maintenance Workers	3,691	3,994	60,054	15.04	17
18	Housekeepers	6,630	7,065	67,232	9.52	18
19	Laundry	1,754	2,357	31,600	13.41	19
20	Administrator	1,831	2,086	88,501	42.43	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	1,977	2,167	36,284	16.74	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: <u>CarePlan</u>	1,773	2,142	52,571	24.54	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	83,613	94,832	\$ 1,498,328 *	\$ 15.80	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	102	\$ 4,987	1-3	35
36	Medical Director	38	10,500	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	73	4,116	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	9	1,250	11-3	43
44	Activity Consultant	9	1,250	12-3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	231	\$ 22,103		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	55	1,744	10-3	52
53	TOTAL (lines 50 - 52)	55	\$ 1,744		53

Facility Name & ID Number Henderson County Retirement Center, Inc.

0035246

Report Period Beginning: 01/01/18

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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			
Valerie Lyberger-Adams	Administrator	0	\$ 88,501	Workers' Compensation Insurance	\$ 43,250	IDPH License Fee	\$ 1,990			
				Unemployment Compensation Insurance	2,520	Advertising: Employee Recruitment	1,094			
				FICA Taxes	109,126	Health Care Worker Background Check	540			
				Employee Health Insurance	81,979	(Indicate # of checks performed <u>67</u>)				
				Employee Meals		Patient Background Checks	15 650			
				Illinois Municipal Retirement Fund (IMRF)*		Advertising/Public Relations	5,841			
				Employer's IRA Match	22,511	See List Attached	5,767			
				Vacation Accrual Adjustment	660	Employee Drug Testing	80			
				Employee Life Ins.	852	Background Checks-Volunteers				
				Employee Recognition	10,788					
				Uniform Purchases	1,027	Less: Public Relations Expense	(2,122)			
				Rounding	1	Non-allowable advertising	(3,719)			
						Yellow page advertising	()			
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)					\$ 88,501	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 10,121		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**			
Description			Amount	Description	Line #	Amount	Description	Amount		
N/A			\$ 0				Out-of-State Travel	\$		
							In-State Travel			
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL (agree to Schedule V, line 22, col.8)			\$ 272,714	Seminar Expense		
C. Professional Services							See List		3,397	
Vendor/Payee	Type		Amount				Entertainment Expense		()	
WDM Computer Services, Inc	Data Processing		\$ 22,042				TOTAL (agree to Sch. V, line 24, col. 8)		\$ 3,397	
See List Attached			7,659							
Bennet and Middendorf	Audit Services		3,292							
Fort and Neff	Legal		254							
Tasc	Data Processing		2,410							
Giffen, Winning, Bodewes	Legal		1,160							
Gamma Healthcare	Chart Audit		152							
PCC	Data Processing		15,129							
Litchfield	Appraisal		1,550							
Relias	Data Processing		2,970							
Gullberg, Box, Worby, Rogers, LLC	Legal		2,771							
SB2	legal		6,000							
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)				TOTAL			\$			

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Henderson County Retirement Center, Inc.

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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. Leading Age 3522.12
- (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? 8-10
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 14,396 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. \$ 110,664
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? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? yes Indicate the amount. \$ 10,723
- (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. \$ 0
c. What percent of all travel expense relates to transportation of nurses and patients? 99
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: Bennett & Middendorf
- (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

Henderson County Retirement Center, Inc.
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Schedule V, Line 6, Column 3

REPAIRS & MAINT DIETARY	\$1,475.65
REPAIRS & MAINT LAUNDRY	\$420.02
REPAIRS & MAINT HSK	\$0.00
OUTSIDE SERVICES	\$9,491.82
REPAIRS & MAINT BUILDING	\$4,239.32
REPAIRS & MAINT EQUIP	\$6,834.31
REPAIRS & MAINT GROUNDS	\$3,070.11
CABLE	\$6,325.35
REFUSE	\$5,386.71
EXTERMINATOR	\$1,680.00
REPAIRS & MAINT GEN/ADM	\$1,100.00

TOTAL \$40,023.29

Schedule V, Line 21, Column 3

TELEPHONE EXPENSE	\$5,922.23
-------------------	------------

TOTAL \$5,922.23

Schedule V, Line 14 & 25, Column 2

Auto Exp. & Service	\$1,535.30
Auto Gas & Oil	\$2,212.21
Business Mileage Expense	\$146.71
	<u>\$3,894.22</u>

Schedule V, Line 43, Column 3

Bad Debt	\$8,698.00
Rounding	\$0.00
	<u>\$8,698.00</u>

Schedule V, Line 27, Column 3

Contributions	\$100.00
Misc. Exp.	\$1,220.01
Rounding	\$0.00
bank fees	\$0.00
	<u>\$1,320.01</u>

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	\$4,231.50
Transportation Income-IDFA	\$0.00
Supplements	\$5,526.00
Wheel/Chair Rental	\$3,302.72
Admission Income	\$400.00
Uniform Sales	\$0.00
Activities Program Income	\$0.00
Personal Purchase Income	\$0.00
Education, In-Servive	\$8,875.00
SLF Allocations-Clerical	\$8,319.96
SLF Allocations-Maintenance	\$14,617.20
Gain or Loss on Sale of Asset	\$645.00
Rebates	\$533.29
Discounts	\$0.00
Dues	\$925.00
Misc. Income	\$4,474.26
Rounding	\$1.00
	<u>\$51,850.93</u>

Schedule XIX, Section F.

Leading Age	Dues	\$3,522.12
CLIAL	CERT FEE	\$150.00
Hawkeye	Subscription	\$213.79
AADNS	Membership	\$199.00
Poster Compliance	Subscription	\$60.00
ANFP	Membership	\$157.00
Misc.	subscriptions per DK	\$270.83
Activity Connect	Web Subscription/Dues	\$159.95
Doran Ins	License	\$142.00
IL, Charity Bureau	990-g Fee	\$15.00
Secretary of State	Fees	\$298.00
Profional lic	Admin Lic	\$569.00
Safe Deposit Box		\$9.00
Rounding		\$0.00
		<u>\$5,786.60</u>

Schedule XIX, Section C.

Go Daddy	Website	\$1,590.24
Dment	Website Hosting	\$599.90
Ability	Date Processing	\$2,384.50
TimeTrak	Payroll Software	\$3,084.00
		<u>\$7,658.64</u>

Schedule XI, Section D.

Use	Make, Model and Year	Year Acquired	Cost	Current Book Depreciation	Straight Line Depreciation/Adjustments	Life in Years	Accumulated Depreciation
79 Patient Transport	Van	2012	\$9,105.00	\$0.00	\$0.00	5	\$9,105.00
80 Patient Transport	2014 Dodge Caravan	2014	\$38,078.27	\$7,615.62	\$7,615.68	5	\$33,001.19
			<u>\$47,183.27</u>	<u>\$7,615.62</u>	<u>\$7,615.68</u>		<u>\$42,106.19</u>

Henderson County Retirement Center, Inc.
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Board Members

Diana Doran, Pres
Box 417
Carman, IL 61425

Judy Roessler
RR1, Box 11
Media, IL 61460

Jayne Olson
Box 1
Gladstone, IL 61437

Cindy Leake
PO Box 468
Dallas City, IL 62330

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.
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Reclassifications

1 Reclassify \$43.51 From rental to food due to coding error.

2 Reclassify \$250.00 from Activity and Social Service OS to Seminar due to coding seminar to consultant.

3 Reclassify \$26.09 from seminar to employee rec due to coding error.

4 Reclassify \$

5 Reclassify \$

6 Reclassify \$

Henderson County Retirement Center, Inc.
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Schedule V. Line 23, Column 3

Check Date	When Attended	Vendor Name	Name of In-Service	Amount
1/16/2018	1/10/2018	Blessing Hospital	CPR Cards	\$ 20.00
1/30/2018	2/21/2018	LeadingAge of IL	What the Health Choice? A MCO Survival Guide for IL	\$ 99.00
2/8/2018	2/8/2018	Blessing Hospital	CPR Cards	\$ 5.00
2/20/2018	2/8/2018	Blessing Hospital	CPR Cards	\$ 30.00
6/18/2018	6/13/2018	Blessing Hospital	CPR Cards	\$ 10.00
7/2/2018	7/12/2018	Polaris Group	Introduction to Patient-Drive Payment Model	\$ 149.00
7/24/2018	7/23/2018	American Assoc of DON Services	DNS Fundamentals	\$ 280.00
9/21/2018	9/21/2018	Blessing Hospital	CPR Cards	\$ 45.00
10/10/2018	10/19/2018	Martins Bros.	Employee meal tickets	\$ 200.00
10/22/2008	10/11/2018	LeadingAge of IL	Teepa Snow Presnets:Creative & Practical Tips for Ge	\$ 99.00
10/31/2018	11/28/2018	Polaris Group	Pressure Ulcer Program - November 28th	\$ 129.00
2/28/2018	Feb 18 - Apr 18	Amazon.com	C.N.A. books	\$ (0.10)
2/1/2018	Feb 18 - Apr 18	Amazon.com	C.N.A. training - textbooks and workbooks	\$ 229.12
2/1/2018	Feb 18 - Apr 18	Valerie Adams	C.N.A. training - textbooks and workbooks	\$ 32.99
8/27/2018	Sept 18 - Nov 18	Amazon.com	C.N.A. Textbooks	\$ 31.48
8/27/2018	Sept 18 - Nov 18	Amazon.com	C.N.A Textbooks	\$ 86.00
8/27/2018	Sept 18 - Nov 18	Amazon.com	C.N.A Textbooks	\$ 63.21
8/27/2018	Sept 18 - Nov 18	Amazon.com	C.N.A Workbooks	\$ 31.96
				\$ 1,540.66

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Schedule V. Line 24, Column 3

Check Date	Who Attended	When Attended	Where Attended	Name of Seminar	Expense	Amount	Totals
1/31/2018	Melissa Tate & Amy Snyder	9/12/2017	Peoria, IL	OmniCare - Edu Esser	Registration	\$ 300.00	\$ 300.00
2/22/2018	Nicole Morris & Debra Brown	2/22/2018	East Peoria, IL	KatKin - Illinois SarvSa	Registration	\$ 290.00	
2/22/2018	Nicole Morris & Debra Brown	2/22/2018	East Peoria, IL	KatKin - Illinois SarvSa	Meals	\$ 16.41	
2/22/2018	Nicole Morris & Debra Brown	2/22/2018	East Peoria, IL	KatKin - Illinois SarvSa	Washer Fluid	\$ 3.22	\$ 309.63
1/30/2018	Valerie Adams & Bobbi Tapscott	3/29/2018	Galesburg, IL	The Conference for Wc	Registration	\$ 149.00	
3/29/2018	Valerie Adams & Bobbi Tapscott	3/29/2018	Galesburg, IL	The Conference for Wc	Meals	\$ 10.54	\$ 159.54
2/2/2018	Bobbi Tapscott & Dianne Kircher	2/23/2018	Springfield, IL	HealthChoice Illinois P	Registration	\$ 50.00	
2/23/2018	Bobbi Tapscott & Dianne Kircher	2/23/2018	Springfield, IL	HealthChoice Illinois P	Parking	\$ 2.50	\$ 52.50
3/28/2018	Dianne Kircher	3/28/2019	Springfield, IL	Meridian Health Plan P	Fuel	\$ 21.50	
3/28/2018	Dianne Kircher	3/28/2019	Springfield, IL	Meridian Health Plan P	Parking	\$ 2.50	\$ 24.00
3/9/2018	Valerie Adams & Bobbi Tapscott	4/17-4/19/18	Chicago, IL	2018 LeadingAge Illino	Registration	\$ 528.00	
3/3/13/18	Valerie Adams & Bobbi Tapscott	4/17-4/19/18	Chicago, IL	2018 LeadingAge Illino	Travel Ticket	\$ 113.70	
4/16/2018	Valerie Adams & Bobbi Tapscott	4/17-4/19/18	Chicago, IL	2018 LeadingAge Illino	Cab	\$ 32.20	
4/18/2018	Valerie Adams & Bobbi Tapscott	4/17-4/19/18	Chicago, IL	2018 LeadingAge Illino	Meals	\$ 30.00	
4/21/2018	Valerie Adams & Bobbi Tapscott	4/17-4/19/18	Chicago, IL	2018 LeadingAge Illino	Hotel	\$ 329.36	
4/21/2018	Valerie Adams & Bobbi Tapscott	4/17-4/19/18	Chicago, IL	2018 LeadingAge Illino	Meals	\$ 47.20	
4/21/2018	Valerie Adams & Bobbi Tapscott	4/17-4/19/18	Chicago, IL	2018 LeadingAge Illino	Transportation	\$ 100.00	
4/21/2018	Valerie Adams & Bobbi Tapscott	4/17-4/19/18	Chicago, IL	2018 LeadingAge Illino	Reimb Cash	\$ (47.20)	#####
3/17/2018	Wendy White & Kristen Thompson	5/8/2018	Wapello, IA	Servsafe	Registration	\$ 300.00	
6/22/2018	Wendy White & Kristen Thompson	5/8/2018	Wapello, IA	Servsafe	Fuel	\$ 40.00	\$ 340.00
4/24/2018	Nicole Morris & Victoria Tapscott	4/24/2018	Normal, IL	Dietary Boot Camp	Fuel	\$ 11.88	\$ 11.88
6/28/2018	Wendy White & Kristen Thompson	9/25/2018	Burlington, IA	Servsafe	Registration	\$ 50.00	\$ 50.00
10/5/2018	Valerie Hinderliter, Misty Tenenbaum, Carole Dillon	10/4/2018	Moline, IL	Rick Ramirez Fall Train	Mileage	\$ 40.50	\$ 40.50
10/12/2018	Amy Synder & Melissa Tate	10/11/2018	Springfield, IL	Required Basics for an	Mileage	\$ 130.50	
10/11/2018	Amy Snyder, Melissa Tate & Valerie Adams	10/11/2018	Springfield, IL	Required Basics for an	Registration	\$ 228.00	\$ 358.50
10/17/2018	Amy Synder, Melissa Tate, Valerie Adams	10/16/2018	Pekin, IL	IDPH Town Hall Meetin	Mileage	\$ 71.10	\$ 71.10
11/28/2018	Val H., C. Dillon, P. Clark, & Misty Tenenbaum	11/2/2018	Moline, IL	Holiday Training with R	Registration	\$ 250.00	
11/3/2018	Val H., C. Dillon, P. Clark, & Misty Tenenbaum	11/2/2018	Moline, IL	Holiday Training with R	Mileage	\$ 46.35	\$ 296.35
				Total Seminars		\$ 3,147.26	#####
10/4/2018	Valerie Hinderliter, Misty Tenenbaum, Valerie Adams	10/4/2018	Moline, IL	Rick Ramirez Fall Train	Registration	\$ 250.00	\$ 250.00
				Corrected Total		\$ 3,397.26	#####

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Schedule XIV Attachment

Service	Sched V	Outside Practitioner Units	Cost	Supplies	Total Units	Total Costs
Labs	10a-3		\$3,868.85		\$0.00	\$3,868.85
EEG	10a-3		\$26.35		\$0.00	\$26.35
Radiology	10a-3		\$2,036.29		\$0.00	\$2,036.29
IV Therapy	10a-3		\$2,538.26		\$0.00	\$2,538.26
Total		0	\$8,469.75	0	0	\$8,469.75