FOR BHF USE

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2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2011)

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

I. IDPH License ID Number: 0035246

Facility Name: Henderson County Retirement Center, Inc.

Address: 604 Oakwood Dr (Number) Stronghurst (City) 61480 (Zip Code)

County: Henderson

Telephone Number: 309-924-1123 **Fax #** 309-924-1926

HFS ID Number:

Date of Initial License for Current Owners: 06/28/89

Type of Ownership:

X	VOLUNTARY,NON-PROFIT		PROPRIETARY		GOVERNMENTAL
X	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code 501c3			Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: James G. Hull, C.P.A. **Telephone Number:** 217-228-1950
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/11 to 12/31/11 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

Officer or Administrator of Provider
(Signed) (Date)
(Type or Print Name)
(Title)

Paid Preparer
(Signed) (Date)
(Print Name and Title) James G. Hull, C.P.A, Vice President
(Firm Name & Address) WDM Computer Services, Inc., 1900 Harrison, Quincy, IL 62301
(Telephone) 217-228-1950 Fax # 217-222-6053

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

Facility Name & ID Number Henderson County Retirement Center, Inc. # 0035246 Report Period Beginning: 01/01/11 Ending: 12/31/11

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 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	59	Skilled (SNF)	59	21,535	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	59	TOTALS	59	21,535	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	8,171	6,672	1,073	15,916	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	8,171	6,672	1,073	15,916	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 73.91%

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 [X]

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

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

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

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 59 and days of care provided 1,059

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

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

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

Tax Year: 12/31/11 Fiscal Year: 12/31/11

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

Facility Name & ID Number Henderson County Retirement Center, Inc. # 0035246 Report Period Beginning: 01/01/11 Ending: 12/31/11

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	141,420	12,300	5,564	159,284		159,284		159,284			1
2	Food Purchase		124,611		124,611		124,611	(874)	123,737			2
3	Housekeeping	54,888	8,416		63,304		63,304		63,304			3
4	Laundry	20,555	3,782	11,702	36,039		36,039		36,039			4
5	Heat and Other Utilities			63,811	63,811		63,811		63,811			5
6	Maintenance	51,256	6,711	32,488	90,455		90,455		90,455			6
7	Other (specify):*											7
8	TOTAL General Services	268,119	155,820	113,565	537,504		537,504	(874)	536,630			8
	B. Health Care and Programs											
9	Medical Director			14,580	14,580		14,580		14,580			9
10	Nursing and Medical Records	765,344	88,180	1,532	855,056		855,056	(2,844)	852,212			10
10a	Therapy	20,579	111	57,725	78,415		78,415		78,415			10a
11	Activities	58,470	6,029	1,475	65,974		65,974	(70)	65,904			11
12	Social Services	31,619	104	1,475	33,198		33,198		33,198			12
13	CNA Training											13
14	Program Transportation		18,944	7,252	26,196		26,196		26,196			14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	876,012	113,368	84,039	1,073,419		1,073,419	(2,914)	1,070,505			16
	C. General Administration											
17	Administrative	53,084			53,084		53,084		53,084			17
18	Directors Fees											18
19	Professional Services			41,700	41,700		41,700		41,700			19
20	Dues, Fees, Subscriptions & Promotions			26,848	26,848		26,848	(19,796)	7,052			20
21	Clerical & General Office Expenses	41,419	9,684	10,616	61,719		61,719		61,719			21
22	Employee Benefits & Payroll Taxes			194,222	194,222		194,222		194,222			22
23	Inservice Training & Education			3,251	3,251		3,251		3,251			23
24	Travel and Seminar			2,475	2,475		2,475		2,475			24
25	Other Admin. Staff Transportation		2,105		2,105		2,105		2,105			25
26	Insurance-Prop.Liab.Malpractice			43,084	43,084		43,084		43,084			26
27	Other (specify):*			3,687	3,687		3,687	(335)	3,352			27
28	TOTAL General Administration	94,503	11,789	325,883	432,175		432,175	(20,131)	412,044			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	1,238,634	280,977	523,487	2,043,098		2,043,098	(23,919)	2,019,179			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.
NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Henderson County Retirement Center, Inc. #0035246 Report Period Beginning: 01/01/11 Ending: 12/31/11

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			121,070	121,070		121,070	(12,076)	108,994			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			55,646	55,646		55,646	(4,945)	50,701			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds			600	600		600		600			34
35	Rent-Equipment & Vehicles			3,731	3,731		3,731		3,731			35
36	Other (specify):*											36
37	**TOTAL Ownership**			181,047	181,047		181,047	(17,021)	164,026			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			20,800	20,800		20,800		20,800			39
40	Barber and Beauty Shops			5,885	5,885		5,885		5,885			40
41	Coffee and Gift Shops		8,338		8,338		8,338		8,338			41
42	Provider Participation Fee			32,303	32,303		32,303		32,303			42
43	Other (specify):*			4,374	4,374		4,374	(4,375)	(1)			43
44	**TOTAL Special Cost Centers**		8,338	63,362	71,700		71,700	(4,375)	67,325			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	1,238,634	289,315	767,896	2,295,845		2,295,845	(45,315)	2,250,530			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 Retirement Center, Inc. # 0035246 Report Period Beginning: 01/01/11 Ending: 12/31/11

VI. ADJUSTMENT DETAIL

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

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(874)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients	(2,844)	10		7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(80)	30		9
10	Interest and Other Investment Income	(4,945)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(335)	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	(4,375)	43		24
25	Fund Raising, Advertising and Promotional	(19,796)	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	(12,066)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (45,315)		$	30

BHF USE ONLY								
48		49		50		51		52	

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

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (45,315)		37

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

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

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

Henderson County Retirement Center, Inc.

ID# 0035246

Report Period Beginning: 01/01/11

Ending: 12/31/11

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Activity Program Income	$ (70)	11	1
2	Lease Buy-out	(11,996)	30	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	**Total**	(12,066)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Henderson County Retirement Center, Inc. # 0035246 Report Period Beginning: 01/01/11 Ending: 12/31/11

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(874)	0	0	0	0	0	0	0	0	0	0	(874)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(874)	0	0	0	0	0	0	0	0	0	0	(874)	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	(2,844)	0	0	0	0	0	0	0	0	0	0	(2,844)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(70)	0	0	0	0	0	0	0	0	0	0	(70)	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**	(2,914)	0	0	0	0	0	0	0	0	0	0	(2,914)	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	(19,796)	0	0	0	0	0	0	0	0	0	0	(19,796)	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):*	(335)	0	0	0	0	0	0	0	0	0	0	(335)	27
28	**TOTAL General Administration**	(20,131)	0	0	0	0	0	0	0	0	0	0	(20,131)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(23,919)	0	0	0	0	0	0	0	0	0	0	(23,919)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Henderson County Retirement Center, Inc. # 0035246 **Report Period Beginning:** 01/01/11 **Ending:** 12/31/11

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)	
	D. Ownership													
30	Depreciation	(12,076)	0	0	0	0	0	0	0	0	0	0	(12,076)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(4,945)	0	0	0	0	0	0	0	0	0	0	(4,945)	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**	(17,021)	0	0	0	0	0	0	0	0	0	0	(17,021)	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):*	(4,375)	0	0	0	0	0	0	0	0	0	0	(4,375)	43
44	**TOTAL Special Cost Centers**	(4,375)	0	0	0	0	0	0	0	0	0	0	(4,375)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(45,315)	0	0	0	0	0	0	0	0	0	0	(45,315)	45

Facility Name & ID Number Henderson County Retirement Center, Inc. # 0035246 Report Period Beginning: 01/01/11 Ending: 12/31/11

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 [X] NO

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

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

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

Facility Name & ID Number Henderson County Retirement Center, Inc. # 0035246 Report Period Beginning: 01/01/11 Ending: 12/31/11

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: 01/01/11 Ending: 12/31/11

VII. RELATED PARTIES (continued)

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

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

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

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

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

Facility Name & ID Number Henderson County Retirement Center, Inc. # 0035246 Report Period Beginning: 01/01/11 Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

Facility Name & ID Number Henderson County Retirement Center, Inc. # 0035246 Report Period Beginning: 01/01/11 Ending: 12/31/11

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1	Security Savings		X	Mortgage	$10,949.92	10/22/08	$ 849,849	$ 1,685,133	10/22/38	6.5000	$ 54,784	1
2												2
3												3
4												4
5												5
	Working Capital											
6	Bank of Stronghurst		X	Cash Flow	Interest	12/19/10	25,000		09/19/11	3.0500	175	6
7	Bank of Stronghurst		X	Cash Flow	Interest	12/28/11	25,000	25,000	06/19/12	2.8000	6	7
8	Bank of Stronghurst		X	Cash Flow	Interest	10/21/11	125,000	125,000	06/19/12	2.8000	681	8
9	TOTAL Facility Related				$10,949.92		$ 1,024,849	$ 1,835,133			$ 55,646	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$ 1,024,849	$ 1,835,133			$ 55,646	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.)**

Facility Name & ID Number Henderson County Retirement Center, Inc. # 0035246 Report Period Beginning: 01/01/11 Ending: 12/31/11

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2010 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost 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 2011 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. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**		$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2006		8
	2007		9
	2008		10
	2009		11
	2010		12

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2010	$	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.

2010 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 2010 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 2010.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
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 2010 tax bills which were listed in Section A to this statement. Be sure to use the 2010 tax bill which is normally paid during 2011.

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: 01/01/11 Ending: 12/31/11

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? [X] (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? [X] (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
Supportive Living Facility

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Care Related	217,600	1988	$ 15,000	1
2					2
3	TOTALS	217,600		$ 15,000	3

Facility Name & ID Number Henderson County Retirement Center, Inc. # 0035246 Report Period Beginning: 01/01/11 Ending: 12/31/11

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	60		1989	1988	$ 1,260,000	$ 42,031	30	$ 42,000	$ (31)	$ 948,267	4
5	6		2000	2000	530,989	13,301	40	13,275	(26)	151,021	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	92	20	92		1,548	11
12	BRICK SIGN			1996	12,915	620	20	646	26	10,020	12
13	LAND IMPROVEMENT			1992	2,003	101	20	100	(1)	1,919	13
14	LIGHTNING RODS			1998	3,600	240	15	240		3,260	14
15	NEW SOFFITS			1998	26,138	1,752	15	1,743	(9)	23,656	15
16	PHONE SYSTEM			1998	6,738	449	15	449		6,027	16
17	SIDE WALKS			1998	4,500	226	20	225	(1)	2,975	17
18	ALARM SYSTEM			1998	8,266		10			8,266	18
19	LAUNDRY/GARAGE BLDG			1999	50,330	3,374	15	3,355	(19)	41,614	19
20	STORAGE BLDG			1999	8,911	597	15	594	(3)	7,368	20
21	NEW ROOF			1999	16,311	1,094	15	1,087	(7)	13,213	21
22	LANDSCAPING			2000	1,706	85	20	85		953	22
23	FURNICE			2001	2,848	24	10	24		2,848	23
24	NEW EXIT			2001	1,645	110	15	110		1,186	24
25	LANDSCAPING			2002	954	95	10	95		923	25
26	GARAGE/STORAGE BUILDING			2002	12,800	858	15	853	(5)	8,080	26
27	ROOFING/SHINGLES			2003	17,838	1,192	15	1,189	(3)	10,092	27
28	Walk-in Freezer			2007	20,883	1,044	20	1,044		4,263	28
29	Window Tinting			2007	2,985	150	20	149	(1)	625	29
30	Door Closures			2007	4,345	434	10	434		1,810	30
31	Window Tinting			2008	1,164	58	20	58		223	31
32	Generator			2009	101,961	5,098	20	5,098		13,170	32
33	Fire Sprinkler			2010	17,425	1,162	15	1,162		1,743	33
34	Sprinkler Heads			2011	17,425	871	15	871		871	34
35	Parking Lot/Driveway			2011	30,280	1,353	15	1,353		1,353	35
36											36

*Total beds on this schedule must agree with page 2.

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

See Page 12A, Line 70 for total

Facility Name & ID Number Henderson County Retirement Center, Inc. # 0035246 Report Period Beginning: 01/01/11 Ending: 12/31/11

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			$	$		$	$	$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 2,192,838	$ 76,411		$ 76,331	$ (80)	$ 1,293,333	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: 01/01/11 Ending: 12/31/11

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	$ 186,382	$ 20,323	$ 20,323	$	8	$ 122,323	71
72	Current Year Purchases	6,478	426	426		8	426	72
73	Fully Depreciated Assets	532,130				8	532,130	73
74								74
75	TOTALS	$ 724,990	$ 20,749	$ 20,749	$		$ 654,879	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	$ 3,545	$ 3,545	$	5	$ 16,248	76
77	Patient Transport	06 Ford e450	2011	35,095	7,019	7,019		5	22,812	77
78	Maintenance and Snow Remo	1995 Ford F250	2011	9,000	1,350	1,350		5	1,350	78
79										79
80	TOTALS			$ 61,820	$ 11,914	$ 11,914	$		$ 40,410	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)	$ 2,994,648	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 109,074	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 108,994	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (80)	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 1,988,622	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	$ 9,767	86
87	Rental Property	4,597	156	599	87
88	Supportive Living	1,729,306	52,947	115,817	88
89					89
90					90
91	TOTALS	$ 1,802,858	$ 55,447	$ 126,183	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 Retirement Center, Inc. # 0035246 Report Period Beginning: 01/01/11 Ending: 12/31/11

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

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

9. Option to Buy: ☐ YES ☐ NO Terms: *

10. Effective dates of current rental agreement:
    Beginning
    Ending

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

	Fiscal Year Ending	Annual Rent
12.	/2012	$
13.	/2013	$
14.	/2014	$

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: $ 3,731 Description: Oxygen ($1,630.54), Copier Rental ($2,100.00)
    (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.

Facility Name & ID Number Henderson County Retirement Center, Inc. # 0035246 Report Period Beginning: 01/01/11 Ending: 12/31/11

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

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

$

D. NUMBER OF CNAs TRAINED

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

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

Facility Name & ID Number Henderson County Retirement Center, Inc. # 0035246 Report Period Beginning: 01/01/11 Ending: 12/31/11

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

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	10a-3	hrs	$	295	$ 19,295	$	295	$ 19,295	1
2	Licensed Speech and Language Development Therapist	10a-3	hrs		7	330		7	330	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a-3	hrs		513	33,736		513	33,736	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 prescrpts				20,800		20,800	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	TOTAL			$	815	$ 53,361	$ 20,800	815	$ 74,161	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.

STATE OF ILLINOIS

Facility Name & ID Number Henderson County Retirement Center, Inc. # 0035246 Report Period Beginning: 01/01/11 Ending: 12/31/11

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/11 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 50,975	$ 81,905	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	566,631	566,631	3
4	Supply Inventory (priced at FIFO)	28,764	32,200	4
5	Short-Term Investments	387,295	387,295	5
6	Prepaid Insurance	13,519	23,063	6
7	Other Prepaid Expenses	3,658	4,863	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,050,842	$ 1,095,957	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	2,532,825	4,193,432	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	897,098	965,796	16
17	Accumulated Depreciation (book methods)	(2,223,759)	(2,339,576)	17
18	Deferred Charges		(26,670)	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): CIP	42,022	42,022	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 1,270,686	$ 2,857,504	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 2,321,528	$ 3,953,461	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 116,618	$ 116,618	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	150,000	150,000	29
30	Accrued Salaries Payable	113,835	118,182	30
31	Accrued Taxes Payable (excluding real estate taxes)	1,194	1,194	31
32	Accrued Real Estate Taxes(Sch.IX-B)	1,288	1,288	32
33	Accrued Interest Payable	9,820	9,820	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Payroll liabilities	4,375	4,375	36
37	Rounding		1	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 397,130	$ 401,478	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable	1,685,133	2,344,147	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)**	$ 1,685,133	$ 2,344,147	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 2,082,263	$ 2,745,625	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 239,265	$ 1,207,836	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 2,321,528	$ 3,953,461	48

*(See instructions.)

Facility Name & ID Number Henderson County Retirement Center, Inc. # 0035246 Report Period Beginning: 01/01/11 Ending: 12/31/11

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 1,069,610	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 1,069,610	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	11,634	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 Profit**	233	15
16	Other (describe) **Supportive Living Profit**	126,359	16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 138,226	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)**	$ 1,207,836	24 *

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

Facility Name & ID Number Henderson County Retirement Center, Inc. # 0035246 Report Period Beginning: 01/01/11 Ending: 12/31/11

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

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 2,240,160	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 2,240,160	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	10,105	6
7	Oxygen	250	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 10,355	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	7,239	12
13	Barber and Beauty Care	5,949	13
14	Non-Patient Meals	874	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,290	17
18	Sale of Supplies to Non-Patients	2,844	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)**	$ 18,916	23
	D. Non-Operating Revenue		
24	Contributions	15,912	24
25	Interest and Other Investment Income***	4,945	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 20,857	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See List Attached	17,191	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 17,191	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 2,307,479	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	537,504	31
32	Health Care	1,073,419	32
33	General Administration	432,175	33
	B. Capital Expense		
34	Ownership	181,047	34
	C. Ancillary Expense		
35	Special Cost Centers	39,397	35
36	Provider Participation Fee	32,303	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 2,295,845	40
41	**Income before Income Taxes (line 30 minus line 40)****	11,634	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 11,634	43

* **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 Retirement Center, Inc. # 0035246 Report Period Beginning: 01/01/11 Ending: 12/31/11

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

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,819	2,088	$ 50,869	$ 24.36	1
2	Assistant Director of Nursing	911	1,143	19,026	16.65	2
3	Registered Nurses	4,799	5,123	108,460	21.17	3
4	Licensed Practical Nurses	11,332	12,726	212,773	16.72	4
5	CNAs & Orderlies	32,748	34,803	323,153	9.29	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,020	2,020	20,579	10.19	8
9	Activity Director	1,775	2,024	28,115	13.89	9
10	Activity Assistants	3,309	3,550	30,355	8.55	10
11	Social Service Workers	2,671	2,950	31,619	10.72	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	1,952	2,088	26,457	12.67	14
15	Cook Helpers/Assistants	5,085	5,361	47,854	8.93	15
16	Dishwashers	7,054	7,606	67,109	8.82	16
17	Maintenance Workers	3,814	4,021	51,256	12.75	17
18	Housekeepers	6,119	6,467	54,888	8.49	18
19	Laundry	1,720	1,923	20,555	10.69	19
20	Administrator	1,904	2,088	53,084	25.42	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	3,140	3,415	41,419	12.13	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 Ca Care Plan Coord	2,006	2,303	51,063	22.17	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	94,178	101,699	$ 1,238,634 *	$ 12.18	34

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	134	$ 5,564	1-3	35
36	Medical Director	Contract	14,580	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Contract	1,532	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	1,475	11-3	44
45	Social Service Consultant	Contract	1,475	12-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	134	$ 24,626		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 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

Facility Name & ID Number Henderson County Retirement Center, Inc. # 0035246 Report Period Beginning: 01/01/11 Ending: 12/31/11

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Richard Clifton	Administrator	0	$ 53,084
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 53,084

B. Administrative - Other

Description	Amount
N/A	$ 0
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
WDM Computer Services, Inc	Data Processing	$ 20,615
WDM Computer Services, Inc	Consulting	16,320
Bennet and Middendorf	Audit Services	3,400
Fort and Neff	Legal	465
Barash & Everett, LLC	Legal	900
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $5,000, attach copy of invoices.)		$ 41,700

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 35,754
Unemployment Compensation Insurance	3,321
FICA Taxes	91,504
Employee Health Insurance	50,240
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Employer's IRA Match	14,738
Vacation Accrual Adjustment	(1,335)
TOTAL (agree to Schedule V, line 22, col.8)	$ 194,222

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

Description	Line #	Amount
n/a		$ 0
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 995
Advertising: Employee Recruitment	788
Health Care Worker Background Check	715
(Indicate # of checks performed)	
Patient Background Checks	852
Advertising/Public Relations	19,796
Village of Stronghurst	15
Office of Attorney General	100
IDPF	100
See List Attached	3,487
Less: Public Relations Expense	(6,792)
Non-allowable advertising	(13,004)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 7,052

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	
See List Attached	2,475
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 2,475

**See instructions.

Facility Name & ID Number Henderson County Retirement Center, Inc. # 0035246 Report Period Beginning: 01/01/11 Ending: 12/31/11

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	Amount of Expense Amortized Per Year								
					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	TOTALS		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number Henderson County Retirement Center, Inc. # 0035246 Report Period Beginning: 01/01/11 Ending: 12/31/11

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 $1,870.33**

(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**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **13,327** 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. $ **32,303**
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. $ **874**

(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? **90**
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? **No**
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 and 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
01/01/11 to 12/31/11

Schedule V. Line 6, Column 3

REPAIRS & MAINT DIETARY	$1,418.07
REPAIRS & MAINT LAUNDRY	$579.42
REPAIRS & MAINT HSK	$0.00
OUTSIDE SERVICES	$7,290.44
REPAIRS & MAINT BUILDING	$4,081.78
REPAIRS & MAINT EQUIP	$4,356.25
REPAIRS & MAINT GROUNDS	$3,009.35
REFUSE	$9,999.77
REPAIRS & MAINT GEN/ADM	$1,752.90
TOTAL	$32,487.98

Schedule V. Line 21, Column 3

TELEPHONE EXPENSE	$5,548.45
Board Minutes	$300.00
Software Support	$3,780.00
IVANS Medicare Billings	$987.92
TOTAL	$10,616.37

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

Auto Exp. & Service	$9,299.95
Auto Gas & Oil	$10,651.94
Business Mileage Expense	$1,096.94
	$21,048.83

Schedule V. Line 43, Column3

Bad Debt	$4,374.50
Rounding	
	$4,374.50

Schedule V. Line 27, Column3

Data Process-Internet	$1,520.81
Contributions	$335.00
Misc Exp.	$1,777.59
bank fees	$54.30
	$3,687.70

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	$6,747.50
Suppliments	$5,451.00
WheelChair Rental	$150.00
Admission Income	$850.00
Activities Program Income	$70.00
Personal Purchase income	$299.40
Rebates	$0.00
Dues	$1,700.00
Misc. Income	$1,922.47
Rounding	$1.00
	$17,191.37

Schedule XIX, Section F.

LTCNA Dues	$50.00
HCRPRO Dues	$217.00
Stonghurst Booster Club Membership	$40.00
Subscriptions	$1,080.14
AANAC Renewal Fee	$110.00
Secretary of State	$119.00
Life Sevices	$1,870.33
Rounding	$1.00
	$3,487.47

Henderson County Retirement Center, Inc.
#0035246
01/01/11 to 12/31/11

Board Members

Diana Doran, Pres 2008
Box 417
Carman, IL 61425

Sally Fisher 2006
RR 1
Lomax, IL 61454

John Allaman, Treas. 2007
RR 1
Kirkwood, IL 61447

Nancy Stevenson, Sec. 2008
RR 1
Gladstone, IL 61437

Ralph Tatge, 2007 (Vice Pres.)
Box 535
Stronghurst, IL 61480

Judy Roessler
RR1, Box 11
Media, IL 61460

Tom Edmonds, 2006
RR 1, Box 129
Lomax, IL 61454

Tom Pullen
Box 199
Gladstone, IL 61437

David Gerst
RR 1, Box 111
Lomax, IL 61454

Honorary Board Members
Laura Kent Donahue
Zach Stamp

Henderson County Retirement Center, Inc.
#0035246
01/01/11 to 12/31/11

Reclasssifications

1 Reclassify $

2 Reclassify $

3 Reclassify $

4 Reclassify $

5 Reclassify $

6 Reclassify $

Henderson County Retirement Center, Inc.
#0035246
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Check Date	When Attended	Vendor Name	Name of In-Service	Amount
2/24/2011	2/24/2011	Lari Jo Smith	CPR In-Service - 13 attended	$ 260.00
4/11/2011	3/14/2011	Training Network	Lockout Tagout (Hospitality Industry) DVD	$ 213.90
2/28/2011	3/15/2011	LSN Foundation	Infection Control & Prevention Webinar - Promoting Infection Control & Prevention Compliance	$ 89.00
		LSN Foundation	Infection Control & Prevention Webinar - Identifying & Prevention Transmission of New & Emerging	$ -
			Multi-drup Resistant Organisms	$ -
4/11/2011	3/23/2011	Elder Care Communitions	Your Care Giving - Dementia DVD	$ 201.00
3/28/2011	5/4/2011	LSN Foundation	Evidence Based Practice in Nursing Webinar - LSN Foundation	$ 109.00
5/23/2011	6/23/2011	Polaris Group	Care Area Assessments - Working the CAAs - CD	$ 145.95
6/9/2011	5/27/2011	Elder Care Communitions	Blood Borne Pathogens DVD	$ 201.00
10/10/2011	6/2/2011	Briggs	LTC Bloodborne Path Pt 3 - Sent Back to Briggs - Shipping Cost	$ 10.98
7/27/2011	8/4/2011	LSN Foundation	Illinois Worker's Compensation Reform 2011 - What Employers Need To Know	$ 109.00
9/8/2011	9/8/2011	Michael Miller	Transportation Safety Training - 8 employees attended	$ 500.00
10/5/2011	10/5/2011	University of North Dakota	RD Preceptor Appkication DM 7C	$ 300.00
9/7/2011	9/16/2011	LSN Foundation	SNF PPS Final Rule: Immediate Attention Required	$ 139.00
9/28/2011		Amanda Kane	CPR Training	$ 323.00
9/26/2011		Paradise CEU's	Administrator CEU's	$ 108.95
5/19/2011		University of North Dakota	Dietary Education	$ 500.00
9/26/2011		University of North Dakota	Dietary Education	$ 40.00
			Total for Year	$ 3,250.78

Henderson County Retirement Center, Inc.
#0035246
01/01/11 to 12/31/11

Check Date	Vendor Name	Who Attended	When Attended	Where Attended	Name of Sc	Expense	Amount
4/12/2011	Jennifer Schaley	Jennifer Schaley	4/6/2011	Quincy, IL	Kohl's Food S	Mileage	$ 65.25
"	"	Irene Francis	4/6/2011	"	"	"	$ -
"	"	Mary Ann Stimpson	4/6/2011	"	"	"	$ -
"	"	Bobbi Tapscott	4/6/2011	"	"	"	$ -
5/10/2011	Ramirez Cons. Grp.	Jennifer Schaley	4/20/2011	Peoria, IL	Best SSW Pr	Registration	$ 295.00
"	"	Carole Dillon	4/20/2011	"	"	"	$ -
"	"	Michelle Cox	4/20/2011	"	"	"	$ -
5/5/2011	Jennifer Schaley	Jennifer Schaley	4/20/2011	"	"	Mileage	$ 76.50
"	"	Michelle Cox	4/20/2011	"	"	"	$ -
"	"	Carole Dillon	4/20/2011	"	"	"	$ -
7/18/2011	Polaris Group	Dianne Kircher	8/9/2011	St. Louis, MO	Managing Me	Registration	$ 297.00
"	"	Kathy Symmonds	8/9/2011	"	"	"	$ -
"	"	Carol Johnson	8/9/2011	"	"	"	$ -
7/26/2011	Culvers	Bobbi Tapscott	7/26/2011	Springfield, IL	IL Healthcare	Meals	$ 9.24
"	"	Ashley Daniels	7/26/2011	"	"	"	$ -
"	"	Dianne Kircher	7/26/2011	"	"	"	$ -
8/8/2011	Crowne Plaza	Dianne Kircher	8/9/2011	St. Louis, MO	Managing Me	Hotel	$ 377.43
"	"	Kathy Symmonds	8/9/2011	"	"	"	$ -
"	"	Carol Johnson	8/9/2011	"	"	"	$ -
8/10/2011	Dianne Kircher	Dianne Kircher	8/9/2011	"	"	Mileage	$ 184.50
"	"	Kathy Symmonds	8/9/2011	"	"	"	$ -
"	"	Carol Johnson	8/9/2011	"	"	"	$ -
"	"	Dianne Kircher	8/9/2011	"	"	Parking	$ 4.00
"	"	Kathy Symmonds	8/9/2011	"	"	"	$ -
"	"	Carol Johnson	8/9/2011	"	"	"	$ -
"	nne Kircher & Petty C	Dianne Kircher	8/9/2011	"	"	Meals	$ 99.77
"	"	Kathy Symmonds	8/9/2011	"	"	"	$ -
"	"	Carol Johnson	8/9/2011	"	"	"	$ -
8/25/2011	Symmonds & Petty	Kathy Symmonds	8/9/2011	"	"	Tip for Meal	$ 13.50
"	Kathy Symmonds	Dianne Kircher	8/9/2011	"	"	"	$ -
"	"	Carol Johnson	8/9/2011	"	"	"	$ -
"	"	Kathy Symmonds took Mr. Clifton's place	8/18/2011	Springfield, IL	Strategic Thi	Mileage	$ 82.08
"	"	Bobbi Tapscott	8/18/2011	"	"	"	$ -
8/8/2011	Life Service Network	Kathy Symmonds took Mr. Clifton's place	8/18/2011	"	"	Registration	$ 209.00
"	"	Bobbi Tapscott	8/18/2011	"	"	"	$ -
8/30/2011	burban Law Enf. Ac	Richard Clifton	9/27/2011	"	Criminal Hist	Registration	$ 50.00
"	"	Dianne Kircher	9/27/2011	"	"	"	$ -
"	"	Bobbi Tapscott	9/27/2011	"	"	"	$ 25.00
9/2/2011	estern IL Area on Ag	Jennifer Schaley	9/15/2011	Moline, IL	WIAAA Annu	Registration	$ 200.00
"	"	Irene Francis	9/15/2011	"	"	"	$ -
"	"	Michelle Cox	9/15/2011	"	"	"	$ -
"	"	Richard Clifton	9/15/2011	"	"	"	$ -
"	"	Carole Dillon	9/15/2011	"	"	"	$ -
10/25/2011	"	Jennifer Schaley	9/15/2011	"	"	Mileage	$ 63.00
"	"	Irene Francis	9/15/2011	"	"	"	$ -
"	"	Michelle Cox	9/15/2011	"	"	"	$ -
"	"	Richard Clifton	9/15/2011	"	"	"	$ -
"	"	Carole Dillon	9/15/2011	"	"	"	$ -
"	Jennifer Schaley	Jennifer Schaley	10/20/2011	Quincy, IL	Kohl's Food S	Mileage	$ 67.50
"	"	Irene Francis	10/20/2011	"	"		
"	"	Bobbi Tapscott	10/20/2011	"	"		
"	"	Mary Ann Stimpson	10/20/2011	"	"		
11/10/2011	Ramirez Cons. Grp.	Jennifer Schaley	11/18/2011	Moline, IL	Abuse Preve	Registration	$ 295.00
"	"	Carole Dillon	11/18/2011	"	"	"	$ -
"	"	Michelle Cox	11/18/2011	"	"	"	$ -
11/28/2011	Jennifer Schaley	Jennifer Schaley	11/8/2011	Moline, IL	Abuse Preve	Mileage	$ 60.75
"	"	Michelle Cox	11/8/2011	"	"	"	$ -
"	"		11/8/2011	"	"		
						Total	**$ 2,474.52**