FOR BHF USE

LL1

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.

2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2012)

I. IDPH License ID Number: 0050682

Facility Name: HickoryPoint Christian Village

Address: 565 West Marion Avenue (Number) Forsyth (City) 62535 (Zip Code)

County: Macon

Telephone Number: 217-872-1122 **Fax #** 217-875-0600

HFS ID Number:

Date of Initial License for Current Owners: 9/22/11

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: Susan McGhee **Telephone Number:** 314-587-7903
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 July 1, 2011 to June 30, 2012 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) Susan McGhee
(Title) CFO

Paid Preparer

(Signed) (Date)
(Print Name and Title) Allan B. Larson, Partner
(Firm Name & Address) CliftonLarsonAllen LLP, 600 Washington Ave, Suite 1800, St. Louis, MO 63101
(Telephone) 314-925-4379 Fax # 314-925-4350

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 HickoryPoint Christian Village # 0050682 Report Period Beginning: July 1, 2011 Ending: June 30, 2012

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	47	Skilled (SNF)	47	17,202	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	47	TOTALS	47	17,202	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	1	984	7,406	8,391	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	1	984	7,406	8,391	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 48.78%

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)
Meals, Lawn & Maintenance Care, Housekeeping, Laundry Services for IL Residents

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 [X] NO [ ]

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 07/15/11

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 07/15/11 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 47 and days of care provided 6,614

Medicare Intermediary Wisconsin Physician Services

IV. ACCOUNTING BASIS

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

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

Tax Year: 6/30/12 Fiscal Year: 6/30/12

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

Facility Name & ID Number HickoryPoint Christian Village # 0050682 Report Period Beginning: July 1, 2011 Ending: June 30, 2012

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	68,121	13,828	8,343	90,292		90,292		90,292			1
2	Food Purchase		71,754		71,754		71,754	(624)	71,130			2
3	Housekeeping	35,162	15,209		50,371		50,371		50,371			3
4	Laundry	12,653	54		12,707		12,707		12,707			4
5	Heat and Other Utilities			51,146	51,146		51,146	(5,979)	45,167			5
6	Maintenance	30,795	3,894	24,499	59,188		59,188	2,794	61,982			6
7	Other (specify):*											7
8	TOTAL General Services	146,731	104,739	83,988	335,458		335,458	(3,809)	331,649			8
	B. Health Care and Programs											
9	Medical Director			9,500	9,500		9,500		9,500			9
10	Nursing and Medical Records	913,693	54,408	62,202	1,030,303		1,030,303	(634)	1,029,669			10
10a	Therapy			641,421	641,421		641,421		641,421			10a
11	Activities	34,581	833		35,414		35,414		35,414			11
12	Social Services	78,463	559	2,952	81,974		81,974		81,974			12
13	CNA Training											13
14	Program Transportation			303	303		303		303			14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	1,026,737	55,800	716,378	1,798,915		1,798,915	(634)	1,798,281			16
	C. General Administration											
17	Administrative	45,571		288,134	333,705		333,705	(226,526)	107,179			17
18	Directors Fees											18
19	Professional Services			56,815	56,815		56,815	32,491	89,306			19
20	Dues, Fees, Subscriptions & Promotions			13,466	13,466		13,466		13,466			20
21	Clerical & General Office Expenses	79,718	17,392	67,269	164,379		164,379	122,298	286,677			21
22	Employee Benefits & Payroll Taxes			223,998	223,998		223,998	30,690	254,688			22
23	Inservice Training & Education											23
24	Travel and Seminar			9,258	9,258		9,258	11,241	20,499			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			7,853	7,853		7,853	(6,646)	1,207			26
27	Other (specify):* Marketing	53,829	3,341	13,101	70,271		70,271	(70,271)				27
28	TOTAL General Administration	179,118	20,733	679,894	879,745		879,745	(106,723)	773,022			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	1,352,586	181,272	1,480,260	3,014,118		3,014,118	(111,166)	2,902,952			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 HickoryPoint Christian Village #0050682 Report Period Beginning: July 1, 2011 Ending: June 30, 2012

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			373,110	373,110		373,110	22,476	395,586			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			832,755	832,755		832,755	(414,234)	418,521			32
33	Real Estate Taxes			207,697	207,697		207,697	(69,233)	138,464			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			5,552	5,552		5,552	27,740	33,292			35
36	Other (specify):* **Deferred Financing Costs**			11,322	11,322		11,322		11,322			36
37	**TOTAL Ownership**			1,430,436	1,430,436		1,430,436	(433,251)	997,185			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			288,278	288,278		288,278	(18,401)	269,877			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops			20	20		20		20			41
42	Provider Participation Fee			35,616	35,616		35,616		35,616			42
43	Other (specify):* **Apt/Congregate**			2,109,493	2,109,493		2,109,493	(2,109,493)				43
44	**TOTAL Special Cost Centers**			2,433,407	2,433,407		2,433,407	(2,127,894)	305,513			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	1,352,586	181,272	5,344,103	6,877,961		6,877,961	(2,672,311)	4,205,650			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 HickoryPoint Christian Village # 0050682 Report Period Beginning: July 1, 2011 Ending: June 30, 2012

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				4
5	Telephone, TV & Radio in Resident Rooms	(7,085)	5		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(20,244)	32		10
11	Discounts, Allowances, Rebates & Refunds	(633)	10		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest	(404,279)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(21,473)	21		24
25	Fund Raising, Advertising and Promotional	(70,271)	27		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	(2,179,383)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (2,703,368)		$	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)	31,057	VII-B	34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 31,057		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (2,672,311)		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

STATE OF ILLINOIS **Page 5A**

HickoryPoint Christian Village

ID# 0050682

Report Period Beginning: July 1, 2011

Ending: June 30, 2012

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Apartment/Congregate	$ (2,109,493)	43	1
2	Vending Revenue	(624)	2	2
3	Late Fee	(25)	21	3
4	Real Estate Tax	(69,233)	33	4
5	Late Fee	(7)	6	5
6	Late Fee	(1)	10	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**	(2,179,383)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number HickoryPoint Christian Village **#** 0050682 **Report Period Beginning:** July 1, 2011 **Ending:** June 30, 2012

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	(624)	0	0	0	0	0	0	0	0	0	0	(624)	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	(7,085)	1,106	0	0	0	0	0	0	0	0	0	(5,979)	5
6	Maintenance	(7)	2,801	0	0	0	0	0	0	0	0	0	2,794	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(7,716)	3,907	0	0	0	0	0	0	0	0	0	(3,809)	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	(634)	0	0	0	0	0	0	0	0	0	0	(634)	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**	(634)	0	0	0	0	0	0	0	0	0	0	(634)	16
	C. General Administration													
17	Administrative	0	(226,526)	0	0	0	0	0	0	0	0	0	(226,526)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	32,491	0	0	0	0	0	0	0	0	0	32,491	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	(21,498)	143,796	0	0	0	0	0	0	0	0	0	122,298	21
22	Employee Benefits & Payroll Taxes	0	30,690	0	0	0	0	0	0	0	0	0	30,690	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	11,241	0	0	0	0	0	0	0	0	0	11,241	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	(6,646)	0	0	0	0	0	0	0	0	0	(6,646)	26
27	Other (specify):*	(70,271)	0	0	0	0	0	0	0	0	0	0	(70,271)	27
28	**TOTAL General Administration**	(91,769)	(14,954)	0	0	0	0	0	0	0	0	0	(106,723)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(100,119)	(11,047)	0	0	0	0	0	0	0	0	0	(111,166)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number HickoryPoint Christian Village # 0050682 **Report Period Beginning:** July 1, 2011 **Ending:** June 30, 2012

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	0	22,476	0	0	0	0	0	0	0	0	0	22,476	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(424,523)	10,289	0	0	0	0	0	0	0	0	0	(414,234)	32
33	Real Estate Taxes	(69,233)	0	0	0	0	0	0	0	0	0	0	(69,233)	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	27,740	0	0	0	0	0	0	0	0	0	27,740	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(493,756)	60,505	0	0	0	0	0	0	0	0	0	(433,251)	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	(18,401)	0	0	0	0	0	0	0	0	0	(18,401)	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):*	(2,109,493)	0	0	0	0	0	0	0	0	0	0	(2,109,493)	43
44	TOTAL Special Cost Centers	(2,109,493)	(18,401)	0	0	0	0	0	0	0	0	0	(2,127,894)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(2,703,368)	31,057	0	0	0	0	0	0	0	0	0	(2,672,311)	45

Facility Name & ID Number HickoryPoint Christian Village # 0050682 Report Period Beginning: July 1, 2011 Ending: June 30, 2012

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See attached listing of board of directors						

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	5	Utilities	$	Midwest Christian Villages, Inc. dba: Christian Homes, Inc.	100.00%	$ 1,106	$ 1,106	1
2	V	6	Maintenance				2,801	2,801	2
3	V	17	Administrative	288,134			61,608	(226,526)	3
4	V	19	Professional Services				32,491	32,491	4
5	V	21	Clerical				143,796	143,796	5
6	V	22	Employee Benefits				30,690	30,690	6
7	V	24	Travel & Seminars				11,241	11,241	7
8	V	26	Insurance				(6,646)	(6,646)	8
9	V	30	Depreciation				22,476	22,476	9
10	V	32	Interest				10,289	10,289	10
11	V	35	Rental & Leasing				27,740	27,740	11
12	V								12
13	V	39	Pharmacy Services	224,401	Senior Care Pharmacy Services	0.00%	206,000	(18,401)	13
14	Total			$ 512,535			$ 543,592	$ * 31,057	14

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

Facility Name & ID Number HickoryPoint Christian Village # 0050682 Report Period Beginning: July 1, 2011 Ending: June 30, 2012

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	This workpaper is not applicable.								$		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 HickoryPoint Christian Village # 0050682 Report Period Beginning: July 1, 2011 Ending: ne 30, 2012

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 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		This workpaper is not applicable.				$	$		$	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 HickoryPoint Christian Village # 0050682 Report Period Beginning: July 1, 2011 Ending: June 30, 2012

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	IL Finance Authority - 2007 Series						$	$			$	1
2	**IL Finance Authority - 2010**		X	47 Bed SNF		7/29/10	7,200,000	7,123,680	5/15/2027	0.0613	428,476	2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	**TOTAL Facility Related**						$ 7,200,000	$ 7,123,680			$ 428,476	9
	B. Non-Facility Related*											
10	IL Finance Authority - 2007 Series		x	Refinance Debt		6/28/07	7,730,977	7,252,792	5/15/31	0.0567	404,279	10
11												11
12												12
13												13
14	**TOTAL Non-Facility Related**						$ 7,730,977	$ 7,252,792			$ 404,279	14
15	**TOTALS (line 9+line14)**						$ 14,930,977	$ 14,376,472			$ 832,755	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. **$ N/A** **Line # N/A**

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

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

Facility Name & ID Number HickoryPoint Christian Village # 0050682 Report Period Beginning: July 1, 2011 Ending: June 30, 2012

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2011 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 2012 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:		
	2007	8
	2008	9
	2009	10
	2010	11
	2011	12

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2011	$	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.

2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME HickoryPoint Christian Village COUNTY Macon

FACILITY IDPH LICENSE NUMBER 0050682

CONTACT PERSON REGARDING THIS REPORT Susan McGhee

TELEPHONE 217-732-5175 FAX #: 217-732-8686

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

Enter the tax index number and real estate tax assessed for 2011 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 2011.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	0707-15-451-006	See Attachment	$ 206,530.00	$ 138,464.00
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 206,530.00	$ 138,464.00

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? X 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 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

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 HickoryPoint Christian Village # 0050682 Report Period Beginning: July 1, 2011 Ending: June 30, 2012

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 31,326 B. General Construction Type: Exterior Siding/Brick Frame Wood 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. [X] (c) Rent equipment from Completely Unrelated Organization.

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

Apartments
Congregate

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	Facility			$ 68,767	1
2	Home Office Allocation			4,713	2
3	TOTALS			$ 73,480	3

Facility Name & ID Number HickoryPoint Christian Village # 0050682 Report Period Beginning: July 1, 2011 Ending: June 30, 2012

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	47		2011	2011	$ 6,531,557	$ 217,719	30	$ 217,719	$	$ 217,719	4
5			2011	2011	342,749	11,425	30	11,425		11,425	5
6											6
7											7
8	Home Office Allocation				46,186	5,242		5,242		28,459	8
	Improvement Type**										
9	ANSUL FIRE SUPPRESSION SYSTEM REBUILD			9/2/2011	1,016	85	10	85		85	9
10	Landscaping for HPCV GradingSe			2/1/2006	52,728	2,635	20	2,635		16,917	10
11	Irrigation system			2/1/2006	31,650	1,583	20	1,583		10,154	11
12	Land Improvement			2/1/2006	185,674	9,284	20	9,284		59,570	12
13	Landscaping front entrance fla			2/1/2006	14,200	1,420	10	1,420		9,112	13
14	Vinyl Fence Panels			6/8/2010	770	77	10	77		160	14
15	2010 Landscaping			9/2/2010	9,793	979	10	979		1,877	15
16	Slit Seed Landscaping			5/31/2011	3,350	335	10	335		391	16
17	Pavement sealing & crackfilling			8/1/2011	4,850	556	8	556		556	17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number HickoryPoint Christian Village # 0050682 Report Period Beginning: July 1, 2011 Ending: June 30, 2012

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)		$ 7,224,523	$ 251,340		$ 251,340	$	$ 356,425	70

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

Facility Name & ID Number HickoryPoint Christian Village # 0050682 Report Period Beginning: July 1, 2011 Ending: June 30, 2012

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	$	$	$	$		$	71
72	Current Year Purchases	877,541	127,012	127,012		Various	127,012	72
73	Fully Depreciated Assets							73
74	Home Office Allocation	186,708	15,642	15,642			79,899	74
75	TOTALS	$ 1,064,249	$ 142,654	$ 142,654	$		$ 206,911	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	2006 Ford Startrans Senator		$ 45,963	$	$	$		$ 45,963	76
77	Home Office Allocation			14,026	1,592	1,592			5,214	77
78										78
79										79
80	TOTALS			$ 59,989	$ 1,592	$ 1,592	$		$ 51,177	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)	$	8,422,241	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$	395,586	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$	395,586	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$		84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$	614,513	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	A/L Building and Equipment	$ 8,006,056	$ 279,233	$ 1,546,476	86
87	Duplex Building/Equipment/Land Impro	6,783,630	193,702	2,921,518	87
88	Land	243,812		243,812	88
89					89
90					90
91	TOTALS	$ 15,033,498	$ 472,935	$ 4,711,806	91

G. Construction-in-Progress

	Description	Cost	
92	Home Office Allocation	$ 65,301	92
93	Construction in Progress	23,885	93
94			94
95		$ 89,186	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 HickoryPoint Christian Village # 0050682 Report Period Beginning: July 1, 2011 Ending: June 30, 2012

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.	/2013	$
13.	/2014	$
14.	/2015	$

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

15. Is Movable equipment rental included in building rental? ☐ YES ☒ X NO
16. Rental Amount for movable equipment: $ 10,425 Description: See Attachment
    (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 HickoryPoint Christian Village # 0050682 Report Period Beginning: July 1, 2011 Ending: June 30, 2012

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.

   The organization hires only certified CNAs.

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 HickoryPoint Christian Village # 0050682 Report Period Beginning: July 1, 2011 Ending: June 30, 2012

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	$	5,418	$ 286,616	$	5,418	$ 286,616	1
2	Licensed Speech and Language Development Therapist	10a-3	hrs		2,094	44,469		2,094	44,469	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a-3	hrs		6,823	310,336		6,823	310,336	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts							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			$	14,335	$ 641,421	$	14,335	$ 641,421	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 HickoryPoint Christian Village # 0050682 Report Period Beginning: July 1, 2011 Ending: June 30, 2012

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of June 30, 2012 (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	$ (3,586,089)	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 18,955)	1,120,381		3
4	Supply Inventory (priced at)	5,985		4
5	Short-Term Investments	32,310		5
6	Prepaid Insurance	100		6
7	Other Prepaid Expenses	7,943		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Accrued Interest Receivable	151		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ (2,419,219)	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	312,579		13
14	Buildings, at Historical Cost	20,050,634		14
15	Leasehold Improvements, at Historical Cost	960,836		15
16	Equipment, at Historical Cost	1,880,058		16
17	Accumulated Depreciation (book methods)	(4,968,935)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	1,125,221		21
22	Other Long-Term Assets (spe CIP	23,885		22
23	Other(specify): Deferred Financing Costs	226,447		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 19,610,725	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 17,191,506	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 552,530	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	212,788		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	103,265		32
33	Accrued Interest Payable	111,816		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37	Accrued Expenses	287,834		37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 1,268,233	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable	14,376,472		41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Deferred Entrance Fees	2,294,974		43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 16,671,446	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 17,939,679	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (748,173)	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 17,191,506	$	48

***(See instructions.)**

Facility Name & ID Number HickoryPoint Christian Village # 0050682 Report Period Beginning: July 1, 2011 Ending: June 30, 2012

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 303,623	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 303,623	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,051,796)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (1,051,796)	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)**	$ (748,173)	24 *

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

Facility Name & ID Number HickoryPoint Christian Village # 0050682 Report Period Beginning: July 1, 2011 Ending: June 30, 2012

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

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

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 4,234,142	1
2	Discounts and Allowances for all Levels	(2,381,795)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 1,852,347	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,693,399	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 2,693,399	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		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	1,625	16
17	Sale of Drugs	449,888	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	55,445	19
20	Radiology and X-Ray	18,644	20
21	Other Medical Services	62,844	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 588,446	23
	D. Non-Operating Revenue		
24	Contributions	(33,269)	24
25	Interest and Other Investment Income***	20,244	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ (13,025)	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Apt/Duplex	645,415	28
28a	Miscellaneous	59,583	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 704,998	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 5,826,165	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	335,458	31
32	Health Care	1,798,915	32
33	General Administration	879,745	33
	B. Capital Expense		
34	Ownership	1,430,436	34
	C. Ancillary Expense		
35	Special Cost Centers	2,397,791	35
36	Provider Participation Fee	35,616	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 6,877,961	40
41	**Income before Income Taxes (line 30 minus line 40)****	(1,051,796)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (1,051,796)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 125	44
45	Private Pay - Net Inpatient Revenue	1,927,003	45
46	Medicare - Net Inpatient Revenue	(172,493)	46
47	Other-(specify) HMO/AL/Admin	247,599	47
48	Other-(specify) Medicare Advantage/Outpatient Part B	(149,887)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 1,852,347	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? N/A 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.

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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	1,842	1,842	$ 73,510	$ 39.91	1
2	Assistant Director of Nursing					2
3	Registered Nurses	8,085	8,085	203,696	25.19	3
4	Licensed Practical Nurses	10,584	10,584	218,070	20.60	4
5	CNAs & Orderlies	40,659	40,659	326,865	8.04	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	781	781	9,871	12.64	9
10	Activity Assistants	2,013	2,013	24,710	12.28	10
11	Social Service Workers	2,156	2,156	78,463	36.39	11
12	Dietician					12
13	Food Service Supervisor	1,572	1,572	19,639	12.49	13
14	Head Cook					14
15	Cook Helpers/Assistants	4,907	4,907	48,482	9.88	15
16	Dishwashers					16
17	Maintenance Workers	3,577	3,577	30,795	8.61	17
18	Housekeepers	4,172	4,172	35,162	8.43	18
19	Laundry	1,394	1,394	12,653	9.08	19
20	Administrator	5,049	5,049	45,571	9.03	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	881	881	20,808	23.62	23
24	Clerical	4,496	4,496	58,910	13.10	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	1,951	1,951	24,955	12.79	31
32	Other Health C: Marketing	1,542	1,542	53,829	34.91	32
33	Other(specify) MDS Coordinator	2,733	2,733	66,597	24.37	33
34	TOTAL (lines 1 - 33)	98,394	98,394	$ 1,352,586 *	$ 13.75	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	133	$ 6,703	ln 1, col 3	35
36	Medical Director	208	9,500	ln 9, col3	36
37	Medical Records Consultant				37
38	Nurse Consultant	8	568	ln 10, col 3	38
39	Pharmacist Consultant	40	1,118	ln 10, col 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				44
45	Social Service Consultant	30	2,462	ln 12, col 3	45
46	Other(specify) MDS	720	59,693	ln 10, col 3	46
47					47
48					48
49	TOTAL (lines 35 - 48)	1,139	$ 80,044		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

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XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Laurie Brown	Administrator	0	$ 45,571
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 45,571

B. Administrative - Other

Description	Amount
Management Fee Expense	$ 288,134
TOTAL (agree to Schedule V, line 17, col. 3)	$ 288,134
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
McQuellon Consulting, Inc	Consulting	$ 2,500
Ferry & Associates	Consulting	563
Davis & Campbell	Legal	120
Armstrong Teasdale	Legal	1,349
Arnstein & Lehr, LLP	Legal	52,283
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $5,000, attach copy of invoices.)		$ 56,815

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 16,129
Unemployment Compensation Insurance	2,381
FICA Taxes	90,355
Employee Health Insurance	55,233
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Net Earned PTO	45,040
Employee Physicals	2,725
Employee Uniforms	115
Employee Expense	5,520
457 Plan Expense	6,500
Home Office Allocation	30,690
TOTAL (agree to Schedule V, line 22, col.8)	$ 254,688

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

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	4,097
Health Care Worker Background Check	
(Indicate # of checks performed 142)	1,420
Patient Background Checks 129	1,290
License	5,382
Dues	827
Subscriptions	447
Other	3
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 13,466

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$ 628
In-State Travel	7,240
Seminar Expense	1,390
Home Office Allocation	11,241
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 20,499

**See instructions.

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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	This workpaper is not applicable		$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

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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? **No**
If YES, give association name and amount. **N/A**

(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? **N/A**

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

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

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **4,481** Line **10**

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

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

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

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

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **35,616**
This amount is to be recorded on line 42 of Schedule V.

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

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

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

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **None** Has any meal income been offset against related costs? **No** Indicate the amount. $ **N/A**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **Yes**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **None**
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. $ **N/A**

(17) Has an audit been performed by an independent certified public accounting firm? **Yes**
Firm Name: **CliftonLarsonAllen LLP**

(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? **Yes**
Attach invoices and a summary of services for all architect and appraisal fees.