FOR BHF USE

LL1

2018
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2018)

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: 0050682

Facility Name: Hickory Point Christian Village

Address: 565 W 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: 9/22/2011

Type of Ownership:

x	VOLUNTARY,NON-PROFIT		PROPRIETARY		GOVERNMENTAL
x	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code 501 (c)(3)			Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Kenna Hudson **Telephone Number:** 314.587.7924
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 7/1/2017 to 6/30/2018 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) Chuck Schmitz
(Title) CFO

Paid Preparer
(Signed) (Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) ( ) Fax # ( )

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 Hickory Point Christian Village # 0050682 Report Period Beginning: 7/1/2017 Ending: 6/30/2018

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	64	Skilled (SNF)	64	23,360	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	64	TOTALS	64	23,360	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	205	10,388	12,077	22,670	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	205	10,388	12,077	22,670	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 97.05%

D. How many bed reserve days during this year were paid by the Department?
None (Do not include bed reserve days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
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 7/15/2011

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 7/15/2011 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 64 and days of care provided 10,438

Medicare Intermediary Wisconsin Physician Services

IV. ACCOUNTING BASIS

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

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

Tax Year: 6/30/2018 Fiscal Year: 6/30/2018

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

Facility Name & ID Number Hickory Point Christian Village # 0050682 Report Period Beginning: 7/1/2017 Ending: 6/30/2018

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	188,193	13,141	23,963	225,297		225,297		225,297			1
2	Food Purchase		165,366		165,366		165,366		165,366			2
3	Housekeeping	97,737		26,944	124,681		124,681		124,681			3
4	Laundry	28,512			28,512		28,512		28,512			4
5	Heat and Other Utilities			155,496	155,496		155,496	1,805	157,301			5
6	Maintenance	51,312	106,379		157,691		157,691	3,734	161,425			6
7	Other (specify):* Trash			9,774	9,774		9,774		9,774			7
8	**TOTAL General Services**	365,754	284,886	216,177	866,817		866,817	5,539	872,356			8
	B. Health Care and Programs											
9	Medical Director			18,000	18,000		18,000		18,000			9
10	Nursing and Medical Records	2,541,669	77,269	6,601	2,625,539		2,625,539		2,625,539			10
10a	Therapy			1,179,726	1,179,726		1,179,726		1,179,726			10a
11	Activities	36,827	1,775	2,658	41,260		41,260		41,260			11
12	Social Services	139,468		980	140,448		140,448		140,448			12
13	CNA Training											13
14	Program Transportation			1,166	1,166		1,166		1,166			14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	2,717,964	79,044	1,209,131	4,006,139		4,006,139		4,006,139			16
	C. General Administration											
17	Administrative	151,951		434,226	586,177		586,177	(463,647)	122,530			17
18	Directors Fees											18
19	Professional Services			44,763	44,763		44,763	65,914	110,677			19
20	Dues, Fees, Subscriptions & Promotions			42,976	42,976		42,976	(1,654)	41,322			20
21	Clerical & General Office Expenses	140,124	39,156	96,711	275,991		275,991	224,205	500,196			21
22	Employee Benefits & Payroll Taxes			592,709	592,709		592,709	91,398	684,107			22
23	Inservice Training & Education											23
24	Travel and Seminar			10,531	10,531		10,531	39,576	50,107			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			119,365	119,365		119,365	1,058	120,423			26
27	Other (specify):* Marketing	118,524		14,805	133,329		133,329	(133,329)				27
28	**TOTAL General Administration**	410,599	39,156	1,356,086	1,805,841		1,805,841	(176,479)	1,629,362			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	3,494,317	403,086	2,781,394	6,678,797		6,678,797	(170,940)	6,507,857			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 Hickory Point Christian Village #0050682 Report Period Beginning: 7/1/2017 Ending: 6/30/2018

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 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			553,963	553,963		553,963	38,635	592,598			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			253,705	253,705		253,705		253,705			32
33	Real Estate Taxes			213,453	213,453		213,453	(213,453)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			19,209	19,209		19,209		19,209			35
36	Other (specify):* **Deferred Financing Costs**			3,906	3,906		3,906		3,906			36
37	**TOTAL Ownership**			1,044,236	1,044,236		1,044,236	(174,818)	869,418			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		7,047	564,802	571,849		571,849	129,534	701,383			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops			230	230		230		230			41
42	Provider Participation Fee			106,656	106,656		106,656		106,656			42
43	Other (specify):* **Apt/Congregate**	851,181		1,784,955	2,636,136		2,636,136	(2,438,299)	197,837			43
44	**TOTAL Special Cost Centers**	851,181	7,047	2,456,643	3,314,871		3,314,871	(2,308,765)	1,006,106			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	4,345,498	410,133	6,282,273	11,037,904		11,037,904	(2,654,523)	8,383,381			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 Hickory Point Christian Village # 0050682 Report Period Beginning: 7/1/2017 Ending: 6/30/2018

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				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				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	(1,434)	21		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	(47,804)	21		24
25	Fund Raising, Advertising and Promotional	(133,329)	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 See PG 5A	(2,854,900)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (3,037,467)		$	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)	382,944	VII-B	34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 382,944		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (2,654,523)		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

Hickory Point Christian Village

ID# 0050682

Report Period Beginning: 7/1/2017

Ending: 6/30/2018

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Independent Living	$ (2,636,136)	43	1
2	Non-Allowable Benefits (Marketing & ILU)	0	22	2
3	Real Estate Tax	(213,453)	33	3
4	Lobbying Expense	(1,654)	20	4
5	Travel and Seminars	(3,657)	24	5
6		0		6
7		0		7
8		0		8
9		0		9
10		0		10
11		0		11
12		0		12
13		0		13
14		0		14
15		0		15
16		0		16
17		0		17
18		0		18
19		0		19
20		0		20
21		0		21
22		0		22
23		0		23
24		0		24
25		0		25
26		0		26
27		0		27
28		0		28
29		0		29
30		0		30
31		0		31
32		0		32
33		0		33
34		0		34
35		0		35
36		0		36
37		0		37
38		0		38
39		0		39
40		0		40
41		0		41
42		0		42
43		0		43
44		0		44
45		0		45
46		0		46
47		0		47
48		0		48
49	**Total**	(2,854,900)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Hickory Point Christian Village # 0050682 Report Period Beginning: 7/1/2017 Ending: 6/30/2018

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	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	1,805	0	0	0	0	0	0	0	0	0	1,805	5
6	Maintenance	0	3,734	0	0	0	0	0	0	0	0	0	3,734	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	0	5,539	0	0	0	0	0	0	0	0	0	5,539	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	0	0	0	0	0	0	0	0	0	0	0	0	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**	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	(463,647)	0	0	0	0	0	0	0	0	0	(463,647)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	65,914	0	0	0	0	0	0	0	0	0	65,914	19
20	Fees, Subscriptions & Promotions	(1,654)	0	0	0	0	0	0	0	0	0	0	(1,654)	20
21	Clerical & General Office Expenses	(49,238)	273,443	0	0	0	0	0	0	0	0	0	224,205	21
22	Employee Benefits & Payroll Taxes	0	91,398	0	0	0	0	0	0	0	0	0	91,398	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(3,657)	43,233	0	0	0	0	0	0	0	0	0	39,575	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	1,058	0	0	0	0	0	0	0	0	0	1,058	26
27	Other (specify):*	(133,329)	0	0	0	0	0	0	0	0	0	0	(133,329)	27
28	**TOTAL General Administration**	(187,878)	11,399	0	0	0	0	0	0	0	0	0	(176,479)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(187,878)	16,938	0	0	0	0	0	0	0	0	0	(170,940)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Hickory Point Christian Village # 0050682 **Report Period Beginning:** 7/1/2017 **Ending:** 6/30/2018

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	38,635	0	0	0	0	0	0	0	0	0	38,635	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	0	0	0	0	0	0	0	0	0	32
33	Real Estate Taxes	(213,453)	0	0	0	0	0	0	0	0	0	0	(213,453)	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**	(213,453)	38,635	0	0	0	0	0	0	0	0	0	(174,818)	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	129,534	0	0	0	0	0	0	0	0	0	129,534	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):*	(2,636,136)	197,837	0	0	0	0	0	0	0	0	0	(2,438,299)	43
44	**TOTAL Special Cost Centers**	(2,636,136)	327,371	0	0	0	0	0	0	0	0	0	(2,308,765)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(3,037,467)	382,944	0	0	0	0	0	0	0	0	0	(2,654,523)	45

Facility Name & ID Number Hickory Point Christian Village # 0050682 Report Period Beginning: 7/1/2017 Ending: 6/30/2018

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 Hickory Point Christian Village # 0050682 Report Period Beginning: 7/1/2017 Ending: 6/30/2018

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 Board of Directors Listing						

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. d/b/a Christian Horizons	100.00%	$ 1,805	$ 1,805	1
2	V	6	Maintenance				3,734	3,734	2
3	V	17	Administrative	571,271			107,624	(463,647)	3
4	V	19	Professional Services				65,914	65,914	4
5	V	21	Clerical				226,050	226,050	5
6	V	22	Employee Benefits				91,398	91,398	6
7	V	21	Dues & Subscriptions				10,747	10,747	7
8	V	24	Travel and Seminars				43,233	43,233	8
9	V	26	Insurance				1,058	1,058	9
10	V	30	Depreciation				38,635	38,635	10
11	V	21	Other Administrative Expense				36,647	36,647	11
12	V	43	Apt/Congregate				197,837	197,837	12
13	V	39	Pharmacy Services	374,154	Midwest Senior Ministries d/b/a Senior Care Pharmacy	0.00%	503,688	129,534	13
14	Total			$ 945,425			$ 1,328,369	$ * 382,944	14

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

Facility Name & ID Number Hickory Point Christian Village # 0050682 Report Period Beginning: 7/1/2017 Ending: 6/30/2018

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 N/A								$		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 Hickory Point Christian Village # 0050682 Report Period Beginning: 7/1/2017 Ending: 6/30/2018

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 N/A				$	$		$	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 Hickory Point Christian Village # 0050682 Report Period Beginning: 7/1/2017 Ending: 6/30/2018

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1	IL Finance Authority - 2010 Series		X	47 Bed SNF		7/29/10	$ 7,200,000	$ 3,231,504	5/15/2027	6.1300	$ 197,930	1
2	IL Finance Authority - 2016 Series		X	Refinance Debt		3/1/16	4,997,593	5,402,019	5/15/2040	5.0000	57,881	2
3												3
4												4
5												5
	Working Capital											
6	Interest Offset										(2,105)	6
7												7
8												8
9	TOTAL Facility Related						$ 12,197,593	$ 8,633,524			$ 253,705	9
	B. Non-Facility Related*											
10	IL Finance Authority - 2007 Series		X	Refinance Debt		6/28/07	7,730,977	6,887,960				10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$ 7,730,977	$ 6,887,960			$	14
15	TOTALS (line 9+line14)						$ 19,928,570	$ 15,521,484			$ 253,705	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 Hickory Point Christian Village # 0050682 Report Period Beginning: 7/1/2017 Ending: 6/30/2018

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2016 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 2017 report. (Detail and explain your calculation of this accrual on the lines below.)		$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(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:			
	2012		8
	2013		9
	2014		10
	2015		11
	2016		12

FOR BHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 2016	$	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.

2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Hickory Point Christian Village COUNTY Macon

FACILITY IDPH LICENSE NUMBER 0050682

CONTACT PERSON REGARDING THIS REPORT Kenna Hudson

TELEPHONE 314-587-7924 FAX #: 214-732-8686

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

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

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	07-07-15-452-019	See Attachment	$ 8,301.30	$
2.	07-07-15-452-018	See Attachment	$ 5,161.14	$
3.	07-07-15-451-006	See Attachment	$ 296,673.30	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 310,135.74	$

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

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

Facility Name & ID Number Hickory Point Christian Village # 0050682 Report Period Beginning: 7/1/2017 Ending: 6/30/2018

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 34,327 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			$ 188,520	1
2	Home Office Allocation			8,177	2
3	TOTALS			$ 196,697	3

Facility Name & ID Number Hickory Point Christian Village # 0050682 Report Period Beginning: 7/1/2017 Ending: 6/30/2018

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		$ 217,719	$	$ 1,524,030	4
5			2011	2011	342,749	11,425		11,425		79,975	5
6	17		2014	2014	1,966,535	49,163		49,163		213,041	6
7											7
8	Home Office Allocation				73,350	2,559		2,559		60,131	8
	Improvement Type**										
9	Landscaping for HPCV GradingSeeding			2006	52,728	2,636	10	2,636		32,735	9
10	Irrigation system			2006	31,650	1,583	10	1,583		19,649	10
11	Land Improvement			2006	185,674	9,284	10	9,284		115,272	11
12	Landscaping front entrance flagpole			2006	14,200		10			14,084	12
13	Vinyl Fence Panels			2010	770	77	15	77		622	13
14	2010 Landscaping			2010	9,793	979	10	979		7,753	14
15	Ansul fire suppression system rebuild			2011	1,016	102	10	102		695	15
16	Slit Seed Landscaping			2011	3,350	335	10	335		2,401	16
17	Pavement sealing & crackfilling &marki			2011	4,850	606	10	606		4,193	17
18	Elopement Accutech IS Haven House Wing			2012	30,500	3,050	15	3,050		17,538	18
19	AC Unit Warming Kitchen			2012	12,026	1,203	40	1,203		7,115	19
20	Electronic Locks for SNF			2012	7,599	760	10	760		4,243	20
21	Set up Door Alarm w Key Pad Entry (SNF			2012	1,538	154	10	154		923	21
22	Cabinets Upper & Base Laminate			2012	3,300	330	10	330		1,980	22
23	R&R Water Main from Laundry & Main Bld			2013	2,681	179	20	179		938	23
24	870 Hope R&R Carpet & Vinyl			2013	4,441	444	20	444		2,257	24
25	Nursing Narcotic Cabinet			2013	14,432	962	20	962		4,811	25
26	Signage			2013	16,828	1,683	10	1,683		7,993	26
27	Full wall panel for lobby			2013	2,124	212	10	212		1,009	27
28	Accent lighting near receptionist			2013	1,150	115	10	115		556	28
29	HH room 321 carpet heven			2013	771	77	10	77		353	29
30	Landscape Renovations			2013	31,150	3,115	10	3,115		14,796	30
31	Shrubs, Tress Landscape			2013	12,000	1,200	10	1,200		5,900	31
32	Retaining wall uility road trees			2013	4,630	463	10	463		2,199	32
33	New sidewalk & driveway			2013	4,650	233	10	233		1,143	33
34	Repave Marion Av front enterance way			2014	44,726	2,236	20	2,236		9,318	34
35	Pendant System (Lighting damage)			2014	16,440	1,644	10	1,644		6,302	35
36	Panelboard surge device			2015	59,400	5,940	10	5,940		20,790	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 Hickory Point Christian Village # 0050682 Report Period Beginning: 7/1/2017 Ending: 6/30/2018

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	Awning / Carport	2015	$ 3,995	$ 400	10	$ 400	$	$ 1,298	37
38	Landscaping project Rear foundation	2014	21,260	2,126	10	2,126		7,795	38
39	Asphalt paving @ Marion	2014	49,875	6,234	8	6,234		23,379	39
40	Concrete driveway & sidewalk	2015	7,282	728	10	728		2,367	40
41	Gate & Concrete dumpster area	2015	3,264	326	10	326		1,034	41
42	Raise sidewalk laundry building	2015	5,400	540	10	540		1,620	42
43	Garden Home Windows	2015	9,668	967	10	967		2,900	43
44	811 Hope Carpet and Paint	2015	4,549	455	10	455		1,365	44
45	Paint, Carpet, Toilets, Lights, Vents	2015	6,139	614	10	614		1,790	45
46	Resurface Raods	2015	68,900	6,890	10	6,890		20,096	46
47	Paint, Carpet, Appliances, Toilets	2015	11,994	1,199	10	1,199		3,498	47
48	AL Haven 325 Carpet Replacement	2015	742	74	10	74		217	48
49	931 Hope Carpet	2015	1,161	116	10	116		339	49
50	Paint, Ceiling Fan, Lights, 2 Toilets	2015	954	95	10	95		270	50
51	Custom Gable Main Entrance Canopy	2015	15,557	1,556	10	1,556		4,149	51
52	Install auto sprinkler system @ canopy	2015	1,648	165	10	165		439	52
53	Alarm LCD Annunciator panel	2016	2,899	290	10	290		725	53
54	Resident infinity wall guards SNF rooms	2016	16,061	1,606	10	1,606		3,882	54
55	(4) HVAC Econmizers	2016	6,125	613	10	613		1,327	55
56	Raise sidewalk / driveway @ 565 Marion	2016	1,900	190	10	190		396	56
57	Underground cable for cable TV	2016	4,554	455	10	455		949	57
58	Removed & replaced 17 trees	2016	5,280	528	10	528		1,100	58
59	Raised Driveways & Sidewalks	2017	3,250	325	10	325		406	59
60	Fabricate backsplash in Service Kitchens	2018	7,733	258	10	258		258	60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69	Home Office Allocation		6,241	226		226		5,265	69
70	TOTAL (lines 4 thru 69)		$ 9,755,041	$ 347,442		$ 347,442	$	$ 2,271,610	70

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

Facility Name & ID Number Hickory Point Christian Village # 0050682 Report Period Beginning: 7/1/2017 Ending: 6/30/2018

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	$ 1,480,368	$ 177,833	$ 177,833	$		$ 1,001,440	71
72	Current Year Purchases	19,324	3,296	3,296			3,296	72
73	Fully Depreciated Assets	47,736					47,736	73
74	Home Office Allocation	208,745	33,905	33,905			155,421	74
75	TOTALS	$ 1,756,173	$ 215,035	$ 215,035	$		$ 1,207,893	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	2014 Ford Starcraft Allstar E350	2014	$ 55,637	$ 13,909	$ 13,909	$	4	$ 53,319	76
77	Snow Removal	Kubota L3560 Tractor w/bucket	2017	37,909	5,416	5,416		7	7,221	77
78	Dodge Grand Caravan	2017 Dodge Grand Caravan	2017	35,405	8,851	8,851		4	8,851	78
79	Home Office Allocation			11,746	6,531	6,531			10,651	79
80	TOTALS			$ 140,697	$ 34,707	$ 34,707	$		$ 80,042	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)	$ 11,848,608	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 597,183	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 597,183	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)	$ 3,559,546	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	AL Building and Equipment	$ 7,994,003	$ 257,445	$ 3,093,446	86
87	Duplex Bldg/Equipment/Land Imp	7,037,659	194,702	4,082,441	87
88	Land	668,388			88
89					89
90					90
91	TOTALS	$ 15,700,050	$ 452,147	$ 7,175,886	91

G. Construction-in-Progress

	Description	Cost	
92	CIP	$ 45,128	92
93	Home Office Allocation	46,695	93
94			94
95		$ 91,823	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 Hickory Point Christian Village # 0050682 Report Period Beginning: 7/1/2017 Ending: 6/30/2018

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			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.	/2018	$
13.	/2019	$
14.	/2020	$

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: $ 27,155 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 Hickory Point Christian Village # 0050682 Report Period Beginning: 7/1/2017 Ending: 6/30/2018

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.

   HPCV only hires 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.

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

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	V10A	hrs	$	9,481	$ 520,249	$	9,481	$ 520,249	1
2	Licensed Speech and Language Development Therapist	V10A	hrs		3,362	74,321		3,362	74,321	2
3	Licensed Recreational Therapist	V10A	hrs							3
4	Licensed Physical Therapist	V10A	hrs		11,220	585,156		11,220	585,156	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation	V39	hrs							8
9	Pharmacy	V39	# of prescrpts				374,532		374,532	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): LAB/RADIOLOGY	V39					58,195		58,195	12
13	Other (specify): BILLABLE SUPPLIES	V39					139,123		139,123	13
14	TOTAL			$	24,063	$ 1,179,726	$ 571,850	24,063	$ 1,751,576	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 Hickory Point Christian Village # 0050682 Report Period Beginning: 7/1/2017 Ending: 6/30/2018

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 6/30/2018 (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	$ 250	$	1
2	Cash-Patient Deposits	5,203		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 108,586)	1,154,863		3
4	Supply Inventory (priced at)	3,775		4
5	Short-Term Investments	49,717		5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	17,491		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Accrued Int/AR Other	5,022		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,236,321	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	856,908		13
14	Buildings, at Historical Cost	23,724,264		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	2,659,226		16
17	Accumulated Depreciation (book methods)	(10,503,963)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	1,547,440		21
22	Other Long-Term Assets (spe CIP	45,128		22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 18,329,003	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 19,565,324	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 736,491	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	5,203		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	249,898		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	105,318		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37	Accrued Liabilities	1,470,652		37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 2,567,562	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable	15,521,484		41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Deferred Entrance Fee Revenue	358,264		43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 15,879,748	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 18,447,310	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 1,118,014	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 19,565,324	$	48

***(See instructions.)**

Facility Name & ID Number Hickory Point Christian Village # 0050682 Report Period Beginning: 7/1/2017 Ending: 6/30/2018

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 694,265	1
2	Restatements (describe):		2
3	**Restricted Contributions**	6,937	3
4	**Net assets released from restriction**	(229)	4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 700,973	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	417,041	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)**	$ 417,041	17
	B. Transfers (Itemize):		
18	**ILU net asset activity for the year**		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)**	$ 1,118,014	24 *

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

Facility Name & ID Number Hickory Point Christian Village # 0050682 Report Period Beginning: 7/1/2017 Ending: 6/30/2018

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	$ 8,128,756	1
2	Discounts and Allowances for all Levels	(8,322,944)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ (194,188)	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	7,790,895	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 7,790,895	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	6,332	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	704,375	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	66,185	19
20	Radiology and X-Ray	44,669	20
21	Other Medical Services	274,307	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 1,095,868	23
	D. Non-Operating Revenue		
24	Contributions	5,259	24
25	Interest and Other Investment Income***		25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 5,259	26
	E. Other Revenue (specify):**		
27	**Settlement Income (Insurance, Legal, Etc.)**		27
28	AL/IL	2,755,758	28
28a	Misc Revenue	1,353	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 2,757,111	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 11,454,945	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	866,817	31
32	Health Care	4,006,139	32
33	General Administration	1,805,841	33
	B. Capital Expense		
34	Ownership	1,044,236	34
	C. Ancillary Expense		
35	Special Cost Centers	3,208,215	35
36	Provider Participation Fee	106,656	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 11,037,904	40
41	**Income before Income Taxes (line 30 minus line 40)****	417,041	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 417,041	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 38,653	44
45	Private Pay - Net Inpatient Revenue	3,092,551	45
46	Medicare - Net Inpatient Revenue	(2,022,522)	46
47	Other-(specify) ALL OTHER SNF/SCF IP REVENUE	(330,633)	47
48	Other-(specify) C/A ANCILLARY ACCOUNTS	(972,237)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ (194,188)	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.**

Facility Name & ID Number Hickory Point Christian Village # 0050682 Report Period Beginning: 7/1/2017 Ending: 6/30/2018

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	1,817	2,589	$ 165,435	$ 63.90	1
2	Assistant Director of Nursing	508	637	31,484	49.43	2
3	Registered Nurses	29,914	33,947	861,182	25.37	3
4	Licensed Practical Nurses	13,365	15,225	320,962	21.08	4
5	CNAs & Orderlies	61,686	67,457	1,128,984	16.74	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,449	1,557	27,499	17.66	9
10	Activity Assistants	840	857	9,328	10.88	10
11	Social Service Workers	6,635	7,034	139,468	19.83	11
12	Dietician					12
13	Food Service Supervisor	1,536	1,648	33,798	20.51	13
14	Head Cook	3,028	3,201	36,616	11.44	14
15	Cook Helpers/Assistants	10,720	11,196	117,779	10.52	15
16	Dishwashers					16
17	Maintenance Workers	2,627	2,719	51,312	18.87	17
18	Housekeepers	9,553	10,037	97,737	9.74	18
19	Laundry	3,159	3,264	28,512	8.74	19
20	Administrator	2,024	2,064	151,951	73.62	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	1,559	1,666	29,179	17.51	23
24	Clerical	6,427	6,679	110,945	16.61	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	1,987	2,216	33,623	15.17	31
32	Other Health Care(specify)					32
33	Other(specify) Mktg/Apt/Congreg	76,794	81,533	969,704	11.89	33
34	TOTAL (lines 1 - 33)	235,628	255,526	$ 4,345,498 *	$ 17.01	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	466	$ 23,963	V01-3	35
36	Medical Director	340	18,000	V09-3	36
37	Medical Records Consultant	24	1,238	V10-3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	8	2,447	V10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	26	2,658	V11-3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	864	$ 48,305		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 Hickory Point Christian Village # 0050682 Report Period Beginning: 7/1/2017 Ending: 6/30/2018

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Laurie Brown	Administrator	0	$ 151,951
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 151,951

B. Administrative - Other

Description	Amount
Management Fee	$ 434,226
TOTAL (agree to Schedule V, line 17, col. 3)	$ 434,226
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
National Research	Survey	$ 2,141
Davis & Campbell	Collections	6,226
PMD Advisory Services	Market Analysis	32,178
Receivable Management Services	Collections	456
Polsinelli Shughart, PC	Legal	3,763
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 44,763

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 74,780
Unemployment Compensation Insurance	(2,389)
FICA Taxes	249,830
Employee Health Insurance	248,942
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
New Hire Expense	4,048
Employee Uniforms	1,063
Employee Expense	9,085
457 Plan Expense	7,350
Home Office Allocation	91,398
TOTAL (agree to Schedule V, line 22, col.8)	$ 684,107

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	
Health Care Worker Background Check	
(Indicate # of checks performed)	
Patient Background Checks	
License	10,911
Dues	15,794
Subscriptions	14,186
AL Convention/Fees/HC Prov Cards	432
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 41,322

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$ 3,716
In-State Travel	1,058
Seminar Expense	2,100
Home Office Allocation	43,233
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 50,107

**See instructions.

Facility Name & ID Number Hickory Point Christian Village # 0050682 Report Period Beginning: 7/1/2017 Ending: 6/30/2018

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **NO**

(2) Are there any dues to nursing home associations included on the cost report? **YES**
If YES, give association name and amount. **Leading Age - $9,388.84**

(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. $ **20,849** 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. $ **106,656**
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. $ **N/A** 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: **Plante Moran PLLC**

(18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? **YES**

(19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. **YES**
Attach invoices and a summary of services for all architect and appraisal fees