

Report Period Beginning: 01/01/2019 Ending: 12/31/19

Date of change in certified units

11/11/2019

L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding? NO If yes, did the facility make all of the required payments of interest and principal? _____
If no, explain.

421 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. **(Do not include bed-hold days in Section B.)**

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IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
	A. General Services							
1	Dietary and Food Purchase	265,988	158,958	2,128	427,074		427,074	1
2	Housekeeping, Laundry and Maintenance		22,405	35,480	57,884		57,884	2
3	Heat and Other Utilities			79,094	79,094	(5,222)	73,872	3
4	Other (specify):							4
5	TOTAL General Services	265,988	181,363	116,702	564,052	(5,222)	558,831	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	391,637	3,991		395,628		395,628	6
7	Activities and Social Services		8,098	5,259	13,357		13,357	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	391,637	12,089	5,259	408,984		408,984	9
	C. General Administration							
10	Administrative and Clerical	64,310	55,390	65,512	185,212		185,212	10
11	Marketing Materials, Promotions and Advertising			7,094	7,094		7,094	11
12	Employee Benefits and Payroll Taxes			108,324	108,324		108,324	12
13	Insurance-Property, Liability and Malpractice			25,759	25,759		25,759	13
14	Other (specify):							14
15	TOTAL General Administration	64,310	55,390	206,689	326,389		326,389	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	721,934	248,842	328,649	1,299,426	(5,222)	1,294,204	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			320,251	320,251		320,251	17
18	Interest			234,071	234,071		234,071	18
19	Real Estate Taxes			50,573	50,573		50,573	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			604,895	604,895		604,895	23
24	GRAND TOTAL (Sum of lines 16 and 23)	721,934	248,842	933,544	1,904,321	(5,222)	1,899,099	24

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V. STAFFING AND SALARY COSTS (Please report each line separately.)

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.75	\$ 24.78	1
2	Licensed Practical Nurses	1.97	19.18	2
3	Certified Nurse Assistants	14.06	13.67	3
4	Activity Director & Assistants	0.81	14.35	4
5	Social Service Workers			5
6	Head Cook	1.00	15.00	6
7	Cook Helpers/Assistants	3.41	11.38	7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers			10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.51	23.82	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	24	\$	17

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES

Name	1	City	2

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3? YES ☐ NO ☐

Name of related entity: _____ If yes, what is the value of those services? \$ _____
(Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES ☐ NO ☐

If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1				\$	1
2					2
3					3
4					4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

Amount of Fee

1		\$	1
2			2
Total		\$	3

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VIII. OWNERSHIP COSTS

A. Purchase price of land 90,000 Year land was acquired 2016

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar.

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

	1 Units*	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	
1	22			2009	\$ 3,078,496	\$ 79,331	39	\$ 78,936	\$ (395)	\$ 786,349	1
2	20			2016	3,880,941	154,698	25	155,238	539	494,232	2
3											3
4											4
5											5
	Improvement Type										
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 6,959,437	\$ 234,029		\$ 234,173	\$ 144	\$ 1,280,581	17

C. Equipment Depreciation -- Including Transportation.

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6 Accumulated Depreciation	
18	Movable Equipment	\$ 518,188	\$ 56,083	\$ 57,576	1,493	9	\$ 285,034	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 518,188	\$ 56,083	\$ 57,576	1,493		\$ 285,034	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1 Description and Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation	
21	Land Improvements 2016	\$ 449,932	\$ \$ 28,093	\$ \$ 83,952	21
22	Land Improvements 2009	35,260	2,046	23,366	22
23					23
24	TOTALS (lines 21, 22 and 23)	\$ 485,192	\$ 30,139	\$ 107,318	24

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IX. RENTAL COSTS

A. Building and Fixed Equipment

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?

YES NO

		1	2	3	4	5	6	
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*	
3	Original Building			/ /	\$			3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL				\$			7

8. Is movable equipment rental included in building rental?

YES NO

9. Rental amount for movable equipment \$

10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

X. INTEREST EXPENSE

	1	2		3	4	6		7	8	9	
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1	PR Mortgage		X	Permanent Mortgage	7/6/10	\$ 2,700,000	\$ 2,517,516	7/1/35	6.5800	\$ 131,397	1
2	USDA		X	Permanent Mortgage	11/2/16	3,965,000	3,855,407	11/2/46	2.3750	92,673	2
3	unamortized Loan Costs				/ /			/ /		10,031	3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 6,665,000	\$ 6,372,923			\$ 234,101	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 6,665,000	\$ 6,372,923			\$ 234,101	10

* If there is an option to buy the building, please provide complete details on an attached schedule.
** If there is any overlap in ownership between the facility and the lender, this must be indicated in column 2.

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XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/19

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 335,854	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	250,075		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	97,964		7
8	Accounts Receivable (owners or related parties)	15,289		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 699,183	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	90,000		13
14	Buildings, at Historical Cost	6,959,437		14
15	Leasehold Improvements, at Historical Cost	485,192		15
16	Equipment, at Historical Cost	518,188		16
17	Accumulated Depreciation (book methods)	(470,290)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,582,527	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,281,710	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 130,779	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	178,904		29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 309,683	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,194,019		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 6,194,019	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,503,702	\$	45
46	TOTAL EQUITY	\$ 1,778,008	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 8,281,710	\$	47

*(See instructions.)

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XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

		1	
	I. Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 1,788,518	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,788,518	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	28,717	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 28,717	14
	D. Other Revenue (specify):		
15			15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,817,235	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	558,831	19
20	Health Care/ Personal Care	408,984	20
21	General Administration	326,389	21
	B. Capital Expense		
22	Ownership	604,895	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 1,899,099	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (81,864)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (81,864)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 643,675	32
33	Private Pay - Net Inpatient Revenue	1,145,360	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 1,789,035	37

Nature of Purchase Facility	Book Value	Actual Cost
Admin	35,396.24	35,396.24
Fiscal Services	44,757.96	44,757.96
Maintenance	14,629.56	14,629.56

		Costs Per General Ledger				Reclassification	Adjusted	
Operating Expenses		Salary/Wag	Supplies	Other	Total	d Adjustme	Total	
		1	2	3	4	5	6	
3	Heat and Other Utilities			79,094	79,094	(5,222)	73,872	3

Adjustment for nonallowable expenses (Resident Cable)