

Facility Name & ID Number Lutheran Hillside Vilage, Inc. (The Lutheran Home)

0019109 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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 N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	109	Skilled (SNF)	109	39,785	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	109	TOTALS	109	39,785	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	2,308	18,402	6,601	27,311	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	2,308	18,402	6,601	27,311	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 68.65%

D. How many bed reserve days during this year were paid by the Department? 0 (Do not include bed reserve days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES NO

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

I. On what date did you start providing long term care at this location?
Date started 6/1/1976

J. Was the facility purchased or leased after January 1, 1978?
YES Date _____ NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 109 and days of care provided 4,368

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCURAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2018 Fiscal Year: 12/31/2018

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

Facility Name & ID Number Lutheran Hillside Vilage, Inc. (The Lutheran # 0019109 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	1,317,719	122,437	(9,841)	1,430,315	(942,138)	488,177		488,177		1
2	Food Purchase		866,655		866,655	(583,441)	283,214	(766)	282,448		2
3	Housekeeping	517,247	61,813	15,188	594,248	(463,237)	131,011		131,011		3
4	Laundry		1,462		1,462		1,462		1,462		4
5	Heat and Other Utilities			835,200	835,200	(759,696)	75,504	(9,151)	66,353		5
6	Maintenance	526,568	154,251	508,220	1,189,039	(1,081,547)	107,492	(758)	106,734		6
7	Other (specify):*										7
8	TOTAL General Services	2,361,534	1,206,618	1,348,767	4,916,919	(3,830,059)	1,086,860	(10,675)	1,076,185		8
	B. Health Care and Programs										
9	Medical Director			9,125	9,125		9,125		9,125		9
10	Nursing and Medical Records	3,024,178	91,709	450,646	3,566,533		3,566,533		3,566,533		10
10a	Therapy			713,100	713,100		713,100		713,100		10a
11	Activities	110,057	9,260	31,185	150,502	(105,697)	44,805		44,805		11
12	Social Services	57,847	39	3,800	61,686		61,686		61,686		12
13	CNA Training										13
14	Program Transportation	79,394	16,041	10,654	106,089	(84,922)	21,167	(11,424)	9,743		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	3,271,476	117,049	1,218,510	4,607,035	(190,619)	4,416,416	(11,424)	4,404,992		16
	C. General Administration										
17	Administrative	101,999			101,999		101,999		101,999		17
18	Directors Fees										18
19	Professional Services			649,934	649,934	(7,560)	642,374	10,554	652,928		19
20	Dues, Fees, Subscriptions & Promotions			26,452	26,452	(18,549)	7,903		7,903		20
21	Clerical & General Office Expenses	400,704	39,148	344,972	784,824	(441,143)	343,681	(115,244)	228,437		21
22	Employee Benefits & Payroll Taxes			719,018	719,018	52,783	771,801		771,801		22
23	Inservice Training & Education										23
24	Travel and Seminar			10,199	10,199		10,199		10,199		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			99,884	99,884		99,884		99,884		26
27	Other (specify):* Marketing	246,533	42,056	41,018	329,607		329,607	(329,607)			27
28	TOTAL General Administration	749,236	81,204	1,891,477	2,721,917	(414,469)	2,307,448	(434,297)	1,873,151		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,382,246	1,404,871	4,458,754	12,245,871	(4,435,147)	7,810,724	(456,396)	7,354,328		29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	D. Ownership										
30	Depreciation			948,820	948,820		948,820	(191,554)	757,266		30
31	Amortization of Pre-Op. & Org.			(34,797)	(34,797)		(34,797)		(34,797)		31
32	Interest			545,269	545,269		545,269	(55,970)	489,299		32
33	Real Estate Taxes										33
34	Rent-Facility & Grounds										34
35	Rent-Equipment & Vehicles			2,888	2,888	(1,944)	944		944		35
36	Other (specify):*										36
37	TOTAL Ownership			1,462,180	1,462,180	(1,944)	1,460,236	(247,524)	1,212,712		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		317,947	39,592	357,539		357,539		357,539		39
40	Barber and Beauty Shops			15,241	15,241		15,241	(15,241)			40
41	Coffee and Gift Shops		33,487		33,487		33,487		33,487		41
42	Provider Participation Fee			255,727	255,727		255,727		255,727		42
43	Other (specify):* AL & IL	1,689,578	68,450	6,298,354	8,056,382	4,437,091	12,493,473	(12,493,473)			43
44	TOTAL Special Cost Centers	1,689,578	419,884	6,608,914	8,718,376	4,437,091	13,155,467	(12,508,714)	646,753		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	8,071,824	1,824,755	12,529,848	22,426,427		22,426,427	(13,212,634)	9,213,793		45

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

VI. ADJUSTMENT DETAIL

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(9,151)	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	(218,515)	30		9
10	Interest and Other Investment Income	(37,729)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment	(766)	2		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	(88,349)	21		24
25	Fund Raising, Advertising and Promotional	(329,607)	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	(12,549,760)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (13,233,877)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	21,243	VII-B	34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 21,243		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (13,212,634)		37

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

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

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

BHF USE ONLY							
48		49		50		51	

Lutheran Hillside Village, Inc. (The Lutheran Home)

ID# 0019109

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Beauty Shop Income (limited to expense)	\$ (15,241)	40	1
2	Transportation Income	(11,424)	14	2
3	Miscellaneous Income	(2,097)	21	3
4	Interest on Past Due Accounts	(1,969)	32	4
5	Maintenance Income/Expense	(758)	6	5
6	IL and AL Expenses	(12,493,473)	43	6
7	Finance and Late Fees	(24,798)	21	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
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26				26
27				27
28				28
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30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(12,549,760)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Lutheran Hillside Vilage, Inc. (The Lutheran Home)# 0019109

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
		(to Sch V, col.7)												
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(766)	0	0	0	0	0	0	0	0	0	0	(766)	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	(9,151)	0	0	0	0	0	0	0	0	0	0	(9,151)	5
6	Maintenance	(758)	0	0	0	0	0	0	0	0	0	0	(758)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(10,675)	0	0	0	0	0	0	0	0	0	0	(10,675)	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	(11,424)	0	0	0	0	0	0	0	0	0	0	(11,424)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(11,424)	0	0	0	0	0	0	0	0	0	0	(11,424)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	10,554	0	0	0	0	0	0	0	0	0	10,554	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	(115,244)	0	0	0	0	0	0	0	0	0	0	(115,244)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	(329,607)	0	0	0	0	0	0	0	0	0	0	(329,607)	27
28	TOTAL General Administration	(444,851)	10,554	0	(434,297)	28								
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(466,950)	10,554	0	(456,396)	29								

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Lutheran Hillside Vilage, Inc. (The Lutheran Home)# 0019109

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(218,515)	26,961	0	0	0	0	0	0	0	0	0	(191,554)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(39,698)	(16,272)	0	0	0	0	0	0	0	0	0	(55,970)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(258,213)	10,689	0	(247,524)	37								
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	(15,241)	0	0	0	0	0	0	0	0	0	0	(15,241)	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):*	(12,493,473)	0	0	0	0	0	0	0	0	0	0	(12,493,473)	43
44	TOTAL Special Cost Centers	(12,508,714)	0	0	0	0	0	0	0	0	0	0	(12,508,714)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(13,233,877)	21,243	0	(13,212,634)	45								

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Board Listing at PG60 Supp		Lutheran Convalescent Home	Webster, MO	Lutheran Senior Servi	St. Louis, MO	Home Office
		Mason Pointe Care Center	Chesterfield, MO	In Home Services and	St. Louis, MO	HHA/Hospice
		Breeze Park	St. Charles, MO	Richmond Terrace	Richmond Heights, MO	AL
		Heisinger Lutheran Home	Jefferson City, MO	Provident Group	St. Louis, MO	Mgt Co
		Lenoir Woods	Columbia, MO	Affordable Housing	St. Louis, MO	Housing
		Meridian Village Care Center	Glen Carbon, IL	LSS Endowment Fund	St. Louis, MO	Foundation
		Meramec Bluffs	St. Louis, MO	Heisinger Hope Found	Jefferson City, MO	Foundation

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	19 Management Fee	\$ 632,771	Lutheran Senior Servies	100.00%	\$ 643,325	\$ 10,554	1
2	V	30 Management Fee		Lutheran Senior Servies	100.00%	26,961	26,961	2
3	V	32 HO Excess Interest Income		Lutheran Senior Servies	100.00%	(16,272)	(16,272)	3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 632,771			\$ 654,014	\$ * 21,243	14

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

Facility Name & ID Number

Lutheran Hillside Vilage, Inc. (The Lutheran Home)

0019109

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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	Richard J Bagy Jr	BOD	Lutheran Hillside Village	Peoria, IL				1
2	Dan Brown	BOD	St. Joseph's Bluffs	Jefferson City, MO				2
3	Rev Roy Christell	BOD						3
4	Diane R Drollinger	BOD						4
5	Jeffrey L Dunn	BOD						5
6	Scott M Hartwig	BOD						6
7	John A Komlos	BOD						7
8	Rev John R Kotovsky	BOD						8
9	Dr F Mathew Kuhlmann	BOD						9
10	Harry Mueller	BOD						10
11	Kathleen T Mueller	BOD						11
12	Gary Olson	BOD						12
13	Lisa J Sombart	BOD						13
14	Sherri C Strand	BOD						14
15	Paul N Tice	BOD						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 Lutheran Hillside Vilage, Inc. (The Lutherar # 0019109 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	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 Lutheran Hillside Vilage, Inc. (The Lutheran Home) # 0019109 Report Period Beginning: 1/1/2018 Ending: 2/31/2018

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 Lutheran Senior Services
 Street Address 1150 Hanley Industrial Court
 City / State / Zip Code St. Louis, MO 63144
 Phone Number (314)968-9313
 Fax Number (314)968-5590

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	17	Home Office - Operating	Direct Costs	240,344,604	24	\$ 14,787,755	\$ 12,655,470	10,455,930	\$ 643,325	1
2	30	Home Office - Capital	Direct Costs	240,344,604	24	619,753		10,455,930	26,962	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					\$ 15,407,508	\$ 12,655,470		\$ 670,287	25

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					\$		\$		\$	1									
2	2006 Bonds		X	Campus Expansion	Various	7/16/2009	5,750,142	4,498,965	2/1/2037	5.0000	275,006	2								
3	2016A Bonds		X	Campus Expansion	Various	2/1/2016	9,325,282	7,554,563	2/1/2046	5.0000	270,263	3								
4				Amortized Bond Costs								4								
5	Interest Income										(55,970)	5								
Working Capital																				
6												6								
7												7								
8												8								
9	TOTAL Facility Related						\$ 15,075,424	\$ 12,053,528			\$ 489,299	9								
B. Non-Facility Related*																				
10												10								
11												11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$	14								
15	TOTALS (line 9+line14)						\$ 15,075,424	\$ 12,053,528			\$ 489,299	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.)

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

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2017 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 2018 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:	2013	8	
	2014	9	
	2015	10	
	2016	11	
	2017	12	
			FOR BHF USE ONLY
	13	FROM R. E. TAX STATEMENT FOR 2017 \$	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 Lutheran Hillside Vilage, Inc. (The Lutheran Home) COUNTY Peoria

FACILITY IDPH LICENSE NUMBER 0019109

CONTACT PERSON REGARDING THIS REPORT _____

TELEPHONE () _____ FAX #: () _____

A. Summary of Real Estate Tax Cost

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

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>14-10-378-010</u>	<u>Lot 5</u>	\$ <u>104,550.30</u>	\$ _____
2. <u>14-10-378-011</u>	<u>Lot 3</u>	\$ <u>30,705.52</u>	\$ _____
3. <u>14-10-378-012</u>	<u>Lot 4</u>	\$ <u>27,177.18</u>	\$ _____
4. <u>14-10-378-008</u>	<u>Lot 2</u>	\$ <u>50,084.98</u>	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>212,517.98</u>	\$ _____

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

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

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

Facility Name & ID Number Lutheran Hillside Vilage, Inc. (The Lutheran Home)

0019109 Report Period Beginning:

1/1/2018 Ending:

12/31/2018

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 32,000 B. General Construction Type: Exterior Masonry Frame Wood Number of Stories 1

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

Lutheran Hillside Village operates 63 assisted living units, 20 assisted living memory care units, 126 independent living apartments, and 48 patio homes and villas

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO

If so, please complete the following:

1. Total Amount Incurred: 820,334 2. Number of Years Over Which it is Being Amortized: _____
 3. Current Period Amortization: 12,452 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	<u>Facility</u>	<u>35,725</u>	<u>1976</u>	<u>\$ 149,068</u>	<u>1</u>
2	<u>Facility</u>	<u>28,611</u>	<u>1985</u>	<u>180,000</u>	<u>2</u>
3	TOTALS	64,336		\$ 329,068	3

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	109			1976	\$ 1,676,061	\$	40	\$	\$	\$ 1,676,061	4
5				1985	481,567	13,733	40	13,733		463,840	5
6				1986	698,529	17,466	40	17,466		554,472	6
7											7
8											8
	Improvement Type**										
9	Building Improvements			1976	58,237		20			58,237	9
10	Building Improvements			1978	4,465		20			4,465	10
11	Building Improvements			1979	149		20			149	11
12	Building Improvements			1980	470		20			470	12
13	Building Improvements			1982	403		20			403	13
14	Building Improvements			1983	1,717		20			1,717	14
15	Building Improvements			1984	2,946		20			2,946	15
16	Building Improvements			1985	3,290		20			3,290	16
17	Building Improvements			1986	5,335		20			5,335	17
18	Building Improvements			1987	18,303		20			18,303	18
19	Building Improvements			1988	66,182	1,756	Various	1,756		61,575	19
20	Building Improvements			1990	134,732	3,305	Various	3,305		92,774	20
21	Building Improvements			1991	40,069	1,091	Various	1,091		29,308	21
22	Building Improvements			1992	890	29	Various	29		739	22
23	Building Improvements			1993	748		20			748	23
24	Building Improvements			1994	5,993	193	Various	193		4,530	24
25	Building Improvements			1995	36,256		Various			36,256	25
26	Building Improvements			1996	43,073	1,174	Various	1,174		31,718	26
27	Building Improvements			1997	32,988	522	Various	522		22,629	27
28	Building Improvements			1998	13,903	209	Various	209		13,866	28
29	Building Improvements			1999	122,497	405	Various	405		117,814	29
30	Building Improvements			2000	63,646	2,719	Various	2,719		52,406	30
31	Building Improvements			2001	190,577	2,255	Various	2,255		170,296	31
32	Building Improvements			2002	1,912,111	57,217	Various	57,217		858,259	32
33	Building Improvements			2003	319,328	16,337	Various	16,337		228,720	33
34	Building Improvements			2004	220,824	10,173	Various	10,173		123,602	34
35	Building Improvements			2005	57,276	2,865	Various	2,865		34,367	35
36	Building Improvements			2006	8,909	297	Various	297		3,267	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 Lutheran Hillside Vilage, Inc. (The Lutheran Home)# 0019109

Report Period Beginning:

1/1/2018

Ending:

12/31/2018**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Building Improvements	2007	\$ 474,844	\$ 23,742	Various	\$ 23,742	\$	\$ 245,265	37
38	Building Improvements	2008	404,948	23,568	Various	23,568		257,144	38
39	Building Improvements	2009	390,805	26,054	Various	26,054		247,510	39
40	DEMOLITION-OLD CARE CENTER LINK	2011	3,676	245	15	245		1,797	40
41	FIREPLACE INSERT, DIMPLEX 39"	2011	2,356	157	15	157		1,204	41
42	SURVEY, ASBESTOS/EAD-AREA, OLD REC CENTE	2011	2,190	146	15	146		1,107	42
43	ELETRICAL WK-DEMO OF REC CENTER	2011	735	49	15	49		359	43
44	CONDENSING UNIT, 15 TON, AWNING	2011	21,380	1,425	15	1,425		10,452	44
45	SECURITY, ACCESS CONTROL ON DOOR-THERAPY	2011	3,000	200	15	200		1,467	45
46	INTERIOR CONSULTANTING FEES- NURSES STATI	2011	6,750	450	15	450		3,263	46
47	GLASS, COMMERCIAL-NURSES STATIONS	2011	43	3	15	3		21	47
48	PLUMBING -NURSES STATION OFFICE	2011	474	32	15	32		229	48
49	CABINETS-NURSES STATION	2011	29,646	1,976	15	1,976		14,329	49
50	PHONES, WIRING, CABLES RELOCATED-NURSE ST	2011	836	56	15	56		404	50
51	FIREPLACE-NURSES STATION/LOBBY	2011	7,880	525	15	525		3,809	51
52	RECEPTION STATION/AREA-NURSES STATION	2011	4,950	330	15	330		2,392	52
53	ELECTRICAL UPGRADES-NURSES STATION	2011	310	21	15	21		150	53
54	PLUMBLING, DRAIN RADIATOR LINES	2011	428	29	15	29		204	54
55	DEMOLITION OF CORRIDOR LINK	2011	7,303	487	15	487		3,489	55
56	ROOFING, MAIN BUILDING	2012	40,400	2,020	20	2,020		13,467	56
57	ASBESTOS MONITORING-INSIDE BLDG	2012	550	37	15	37		235	57
58	EMERGENCY CALL SYSTEM, WIRELESS	2012	185,913	12,394	15	12,394		86,759	58
59	GRAINTE-FIREPLACE	2012	792	53	15	53		369	59
60	SCONE GLASS-EMERGENCY CALL SYSTEM	2012	463	31	15	31		216	60
61	LOCK-MORTOSE-OFFICE DOOR-LAVENDER LANE	2012	414	28	15	28		188	61
62	WALL CABINE CUBBY AREAAS	2012	3,118	208	15	208		1,420	62
63	CABINETS-CNA CUBBY AREA	2012	2,260	151	15	151		1,017	63
64	CABINETS-CUBBY AREA	2012	1,747	116	15	116		777	64
65	CABINETS, CUBBY AREAS-SNA	2012	6,310	421	15	421		2,805	65
66	WATER & SEWER LINES CAPPED OF	2012	2,303	154	15	154		998	66
67	ELECTRICAL PANEL REMOVED-CC	2012	1,245	83	15	83		533	67
68	ELECTRICAL DEMO-OLD RET HM	2012	255	17	15	17		106	68
69	ELETRICAL WORK-DISHWASHER-EMANUAL	2012	922	61	15	61		379	69
70	TOTAL (lines 4 thru 69)		\$ 7,830,720	\$ 227,015		\$ 227,015	\$	\$ 5,576,426	70

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

Facility Name & ID Number Lutheran Hillside Vilage, Inc. (The Lutheran Home)# 0019109

Report Period Beginning:

1/1/2018

Ending:

12/31/2018**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 7,830,720	\$ 227,015		\$ 227,015	\$	\$ 5,576,426	1
2	HOT WATER MIXING VALVE&CIRC PUMP UPGRADE	2013	450	300	15	300		1,775	2
3	TILES, CERAMIC-PANTRY	2013	379	25	15	25		150	3
4	TILE, CERAMIC-WALL OR FL	2013	122	8	15	8		48	4
5	CABINETRY/SHELVING	2013	666	44	15	44		263	5
6	REMODEL-DEMO-EMMANUE KITCHEN	2013	1,569	105	15	105		610	6
7	REMODEL-CARPENTRY-EMMANUAL KITCHEN	2013	14,378	959	15	959		5,591	7
8	REMODEL-CABINETS&CTR TOPS-EMMANUEL KITCH	2013	3,137	209	15	209		1,220	8
9	REMODEL,ELECTRICAL-EMMANUAL KITCHEN	2013	1,307	87	15	87		508	9
10	REMODEL,PLUMBING&FIXTURES-EMMANUAL KITCH	2013	2,353	157	15	157		915	10
11	REMODEL, PAINTING-EMMANUAL KITCHEN	2013	2,091	299	7	299		1,743	11
12	FLOORING, REMODEL-EMMANUAL KITCHEN	2013	1,307	187	7	187		1,089	12
13	PANTRY DOOR SECURITY, ACCESS-EMANUAL	2013	1,244	83	15	83		484	13
14	CERAMIC TILE-WALL/FLOOR-EMANUAL PL PANTR	2013	416	28	15	28		164	14
15	FLOORING,CARPET-#1 EMANUEL	2013	243	20	5	20		243	15
16	ELECTRICAL-ADDITIONAL POWER	2013	3,350	223	15	223		1,247	16
17	CABINETS- CC-COFFEEBAR	2013	1,150	77	15	77		422	17
18	LIGHTING FIXTURES	2013	996	66	15	66		349	18
19	LIGHTING FIXTURES	2013	318	21	15	21		111	19
20	LIGHTING- CARE CENTER	2013	5,858	391	15	391		2,083	20
21	FLOORING, CARPET & VINYL-HALLWAYS	2013	705	35	5	35		705	21
22	FLOORING-CARPET- EP 1	2013	125	13	5	13		125	22
23	FLOORING-CARPET	2013	60	6	5	6		60	23
24	FLOORING- CARPET- EVERGREEN DINING	2014	8,319	1,188	7	1,188		5,843	24
25	FLOORING- VINYL- EVERGREEN DINING	2014	1,107	158	7	158		778	25
26	EVERGREEN DINING 1/2 WALL	2014	2,680	179	15	179		864	26
27	ELECTRICAL- FOOD PREP- EVERGREEN DINING	2014	3,502	233	15	233		1,128	27
28	FLOORING- CARPET- EVERGREEN DINING	2014	2,826	404	7	404		1,951	28
29	LIGHT FIXTURE- HEAT LAMP (2)	2014	749	50	15	50		241	29
30	LIGHT FIXTURE- HEAT LAMP (2)	2014	569	38	15	38		183	30
31	HAND SINK - EVERGREEN DINING	2014	703	47	15	47		226	31
32	FLOORING- COVE BASE- EVERGREEN DINING	2014	525	75	7	75		363	32
33	FLOORING- COVE BASE- EVERGREEN DINING	2014	158	23	7	23		109	33
34	TOTAL (lines 1 thru 33)		\$ 7,894,082	\$ 232,753		\$ 232,753	\$	\$ 5,608,017	34

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

Facility Name & ID Number Lutheran Hillside Vilage, Inc. (The Lutheran Home)# 0019109

Report Period Beginning:

1/1/2018

Ending:

12/31/2018**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 7,894,082	\$ 232,753		\$ 232,753	\$	\$ 5,608,017	1
2	Sink for evergreen	2014	1,251	83	15	83		396	2
3	Carpet for evergreen	2014	358	51	7	51		243	3
4	FLOORING - CARPET BP3	2014	471	94	5	94		424	4
5	FLOORING-CARPETING #C7	2014	303	61	5	61		253	5
6	FLOORING-CARPETING #C7	2014	150	10	15	10		42	6
7	ROOM FINISHES	2014	52	3	15	3		14	7
8	SARA 3000 W/SCALE W/O SIDE GRP	2014	5,417	361	15	361		1,505	8
9	SARA 3000 SLING-LARGE	2014	5,417	361	15	361		1,505	9
10	DEMOLISH AND REFURBISH 8 BATHROOMS IN SNF	2014	54,230	3,615	15	3,615		15,064	10
11	FURNISH 8 TOWEL BARS AND TOILET PAPER HOLDERS	2014	54,230	3,615	15	3,615		15,064	11
12	LOCKSETS FOR BATHROOM DOORS IN SNF	2014	937	62	15	62		255	12
13	WOOD FLOORING-CHERRY SUNROOM	2015	1,008	67	15	67		258	13
14	THERAPY SHOWER WALLBOARD, CERAMIC	2016	900	66	15	66		198	14
15	Dining area replace window	2016	1,900	127	15	127		338	15
16	COPPER/FIBER CABLE E.H.R. NTRK PROJ	2016	39,170	2,611	15	2,611		6,311	16
17	FINANCE CHRG REPLACE COMPRESSOR	2016	136	9	15	9		20	17
18	REPLACE HEAT EXC EVERGREEN PANTRY	2016	2,810	187	15	187		406	18
19	WANDER GUARD ALARM REACH	2016	3,388	226	15	226		508	19
20	WANDER GUARD ALARM REACH	2016	1,922	128	15	128		288	20
21	45 Interior Signs	2016	3,111	207	15	207		449	21
22	147 Interior Signs	2016	8,379	559	15	559		1,210	22
23	2 Interior Directional Signs	2016	180	12	15	12		26	23
24	Furnish/Install 46 Lock Cylinders	2016	10,923	728	15	728		1,578	24
25	10 Bed Sta w/Call Placed LED	2016	1,356	90	15	90		196	25
26	7-8' Call Cord for Bed Station	2016	185	12	15	12		27	26
27	3-10' Call Cord for Bed Station	2016	83	6	15	6		12	27
28	30 Pull Cord Stations	2016	3,501	233	15	233		506	28
29	28 Single Line White Phones	2016	322	21	15	21		46	29
30	Programmed 24 resident rooms	2016	689	46	15	46		100	30
31	10 Interior Signs	2016	176	12	15	12		25	31
32	Install IP DECT Cordless Phn	2016	2,525	168	15	168		365	32
33	8 Interior Signs	2016	132	9	15	9		19	33
34	TOTAL (lines 1 thru 33)		\$ 8,099,694	\$ 246,593		\$ 246,593	\$	\$ 5,655,668	34

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

Facility Name & ID Number Lutheran Hillside Vilage, Inc. (The Lutheran Home)# 0019109

Report Period Beginning:

1/1/2018

Ending:

12/31/2018**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 8,099,694	\$ 246,593		\$ 246,593	\$	\$ 5,655,668	1
2	Power for Touch Town Sys	2016	839	56	15	56		121	2
3	Power/Data Temp Concierge	2016	1,474	98	15	98		213	3
4	Labor/Install Storeroom Lock	2016	522	35	15	35		75	4
5	1 Set Cust Granite Counters	2016	2,350	157	15	157		339	5
6	Flooring	2016	217,818	31,117	15	31,117		67,420	6
7	Painting	2016	136,142	9,076	15	9,076		19,665	7
8	Touch up	2016	5,000	333	15	333		722	8
9	Plumbing	2016	269,722	17,981	15	17,981		38,960	9
10	Heating, Ventilating, and Air Conditioni	2016	438,883	29,259	15	29,259		63,394	10
11	Electrical	2016	1,131,609	75,441	15	75,441		163,455	11
12	UPS COMPONENTS EHR NETWORK PROJ	2016	1,610	107	15	107		224	12
13	UPS COMPONENTS EHR NETWORK PROJ	2016	2,209	147	15	147		307	13
14	FIBER OPTIC CABLE QTY 25 *	2016	650	43	15	43		97	14
15	DATA DROPS IL BLDG	2016	12,284	819	15	819		1,774	15
16	REPLACE DRYWALL CC RM D-1	2017	6,000	400	15	400		800	16
17	WATER SOFTENER C-WING CC	2017	26,550	1,770	15	1,770		3,540	17
18	PROGRESS BILLING-ADD ACCESS CTRL	2017	4,582	305	15	305		611	18
19	INSTL WTR SOFTENER VALVES C-WING	2017	1,229	82	15	82		157	19
20	Emanuel Tub	2017	12,785	852	15	852		1,563	20
21	SMOKE DETECTORS - HC B WING	2017	1,118	75	15	75		137	21
22	Furn/Install 9 Keymark Cylinders	2017	1,806	120	15	120		211	22
23	Replace Locks-Rm 3 & 6	2017	598	40	15	40		70	23
24	DOOR & HARDWARE QTY 4	2017	4,341	289	15	289		482	24
25	139 Interior Signs	2017	7,840	523	15	523		871	25
26	Countertop - BP Saido Rm	2017	2,457	164	15	164		273	26
27	Interior Signage Qty 15	2017	9,159	611	15	611		1,018	27
28	Painting	2017	39,315	5,616	7	5,616		9,361	28
29	Plumbing	2017	29,665	1,978	15	1,978		3,296	29
30	Electrical	2017	49,826	3,322	15	3,322		5,536	30
31	Interior Signage Qty 15	2017	788	53	15	53		83	31
32	Plumbing	2017	54,098	3,607	15	3,607		5,410	32
33	Heating, Ventilating, and Air Conditioni	2017	97,924	6,528	15	6,528		9,792	33
34	TOTAL (lines 1 thru 33)		\$ 10,670,887	\$ 437,597		\$ 437,597	\$	\$ 6,055,645	34

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

Facility Name & ID Number Lutheran Hillside Vilage, Inc. (The Lutheran Home)# 0019109

Report Period Beginning:

1/1/2018

Ending:

12/31/2018**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 10,670,887	\$ 437,597		\$ 437,597	\$	\$ 6,055,645	1
2	Electrical	2017	394,465	26,298	15	26,298		39,446	2
3	Furn/Inst Locks HC Kitchen Qty 3	2017	1,649	110	15	110		147	3
4	PAINT UNIT 19	2017	309	44	7	44		55	4
5	REPL CLOSED CIRCUIT CAMERAS QTY 2	2017	1,563	104	15	104		122	5
6	REPL CLOSED CIRCUIT CAMERAS QTY 5	2017	4,705	314	15	314		366	6
7	Carpet Tile - Samaritan Landing	2017	2,804	401	7	401		434	7
8	Fire Device Programming Changes	2017	2,933	196	15	196		212	8
9	Interior Signage Qty 17	2017	718	48	15	48		52	9
10	Addition to Secure Care	2017	4,271	285	15	285		308	10
11	Plumbing	2017	3,418	228	15	228		247	11
12	Heating, Ventilating, and Air Conditioni	2017	13,804	920	15	920		997	12
13	Painting	2017	1,476	211	7	211		228	13
14	Plumbing	2017	2,195	146	15	146		159	14
15	Electrical	2017	3,643	243	15	243		263	15
16	AUTOMATIC DOOR OPENER	2018	2,550	170	15	170		170	16
17	AUTOMATIC DOOR OPENER	2018	2,919	195	15	195		195	17
18	REPAIR AUOMATIC DOORS	2018	887	59	15	59		59	18
19	DOOR HOLDER QTY 2 - EMMANUEL	2018	1,030	57	15	57		57	19
20	VINYL-EMMANUAL PLACE BATHROOMS	2018	1,003	201	5	201		201	20
21	CARPET-EMMANUAL PLACE 8 RMS	2018	13,331	2,666	5	2,666		2,666	21
22	PAINT-EMMANUAL ALZ WINGS/8 RMS	2018	8,613	1,230	7	1,230		1,230	22
23	AUTOMATIC DOOR-REACH	2018	2,627	58	15	58		58	23
24	VS ADD PROJECT	2018	3,238	18	15	18		18	24
25	INST SEAL KIT-D WING SYS PUMP 2	2018	1,465	16	15	16		16	25
26	AWNING - EMMANUAL PLACE	2018	723	24	15	24		24	26
27	VARIABE FREQUENCY DR-LAVENDER	2018	1,710	10	15	10		10	27
28	REPLACE MIXING VALVE	2018	4,270	24	15	24		24	28
29									29
30	HO CAPITAL ALLOCATION			26,961		26,961			30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,153,206	\$ 498,834		\$ 498,834	\$	\$ 6,103,409	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,734,323	\$ 253,426	\$ 253,426	\$		\$ 618,487	71
72	Current Year Purchases	9,387	904	904			904	72
73	Fully Depreciated Assets	1,503,048	4,102	4,102			1,503,048	73
74								74
75	TOTALS	\$ 3,246,758	\$ 258,432	\$ 258,432	\$		\$ 2,122,439	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	Care Center	Car	2000	\$ 10,630	\$	\$	\$	8	\$ 10,630	76
77	Care Center	Vehicle Wheelchair Conversion	2007	16,029				5	16,029	77
78										78
79										79
80	TOTALS			\$ 26,659	\$	\$	\$		\$ 26,659	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)	\$ 14,755,691	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 757,266	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 757,266	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)	\$ 8,252,507	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	Non Care Combined Assets	\$ 80,729,586	\$ 2,728,105	\$ 36,545,235	86
87	Non Care Combined Assets	40,000			87
88					88
89					89
90					90
91	TOTALS	\$ 80,769,586	\$ 2,728,105	\$ 36,545,235	91

G. Construction-in-Progress

	Description	Cost	
92	CIP - Apt Unit Renovatoin	\$ 38,899	92
93	CIP- Wellness/Rec Center	230,054	93
94			94
95		\$ 268,953	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: 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

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

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

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized _____
by the length of the lease _____.

9. Option to Buy: YES NO Terms: Activities and Maintenance *

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 944 Description: _____

(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 Lutheran Hillside Vilage, Inc. (The Lutheran Home) # 0019109 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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.)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	V10A-3	hrs	\$	4,757	\$ 286,242	\$	4,757	\$ 286,242	1
2	Licensed Speech and Language Development Therapist	V10A-3	hrs		1,476	86,841		1,476	86,841	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	V10A-3	hrs		5,531	340,017		5,531	340,017	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	V39-2	# of prescrpts				204,722		204,722	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Billable Supplies</u>	V39-2					113,225		113,225	12
13	Other (specify): <u>Lab, Xray, Hospital</u>	V39-3				39,592			39,592	13
14	TOTAL			\$	11,764	\$ 752,692	\$ 317,947	11,764	\$ 1,070,639	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 **Lutheran Hillside Vilage, Inc. (The Lutheran Home)**

0019109

Report Period Beginning: **1/1/2018**

Ending:

12/31/2018

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **12/31/2018**

(last day of reporting year)

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

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ (2,030,405)	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (140,000))	1,038,330		3
4	Supply Inventory (priced at)	59,207		4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	84,277		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Other Current Assets	1,997		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ (846,594)	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	147,000		12
13	Land	369,068		13
14	Buildings, at Historical Cost	89,763,716		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	5,392,493		16
17	Accumulated Depreciation (book methods)	(44,797,742)		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): CIP	268,953		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 51,143,488	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 50,296,894	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 171,278	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	699,907		30
31	Accrued Taxes Payable (excluding real estate taxes)	27,661		31
32	Accrued Real Estate Taxes(Sch.IX-B)	202,959		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Other Current Liabilities	1,903,133		36
37	Current Portion of Long Term Debt	5,416,212		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 8,421,150	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	44,387,350		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44	Other Liabilities	27,935,838		44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 72,323,188	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 80,744,338	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ (30,447,444)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 50,296,894	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (29,745,057)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (29,745,057)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(773,899)	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) Change in Restricted Assets	71,512	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (702,387)	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)	\$ (30,447,444)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Lutheran Hillside Vilage, Inc. (The Lutheran Home # 0019109 Report Period Beginning: 1/1/2018Ending: 12/31/2018**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		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 9,052,018	1
2	Discounts and Allowances for all Levels	(2,387,108)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 6,664,910	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,103,621	6
7	Oxygen	3,972	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,107,593	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	33	12
13	Barber and Beauty Care	18,438	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	295,847	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	23,756	19
20	Radiology and X-Ray	13,386	20
21	Other Medical Services	136,349	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 487,809	23
D. Non-Operating Revenue			
24	Contributions	457,489	24
25	Interest and Other Investment Income***	37,729	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 495,218	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Other Revenue	15,277	28
28a	IL and AL Revenue	11,881,721	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 11,896,998	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 21,652,528	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	4,916,919	31
32	Health Care	4,607,035	32
33	General Administration	2,721,917	33
B. Capital Expense			
34	Ownership	1,462,180	34
C. Ancillary Expense			
35	Special Cost Centers	8,462,649	35
36	Provider Participation Fee	255,727	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 22,426,427	40
41	Income before Income Taxes (line 30 minus line 40)**	(773,899)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (773,899)	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 302,399	44
45	Private Pay - Net Inpatient Revenue	5,298,257	45
46	Medicare - Net Inpatient Revenue	620,350	46
47	Other-(specify) <u>Managed Care</u>	443,904	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 6,664,910	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? _____ If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number Lutheran Hillside Vilage, Inc. (The Lutheran Home)

0019109

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,983	2,171	\$ 96,420	\$ 44.41	1
2	Assistant Director of Nursing	508	600	22,267	37.11	2
3	Registered Nurses	12,051	12,942	622,157	48.07	3
4	Licensed Practical Nurses	28,087	30,479	854,030	28.02	4
5	CNAs & Orderlies	73,848	81,530	1,286,459	15.78	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	10,252	10,760	189,451	17.61	10
11	Social Service Workers	2,086	2,086	57,847	27.73	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	87,620	94,964	1,317,719	13.88	15
16	Dishwashers					16
17	Maintenance Workers	22,130	24,269	526,568	21.70	17
18	Housekeepers	34,600	37,982	517,247	13.62	18
19	Laundry					19
20	Administrator	1,888	2,100	101,999	48.57	20
21	Assistant Administrator					21
22	Other Administrative	5,975	8,261	246,533	29.84	22
23	Office Manager					23
24	Clerical	10,983	11,645	370,704	31.83	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	1,977	1,977	32,466	16.42	31
32	Other Health C: MDS Coordinator	3,764	4,160	140,379	33.74	32
33	Other(specify) <u>AL and IL</u>	96,344	108,398	1,689,578	15.59	33
34	TOTAL (lines 1 - 33)	394,096	434,324	\$ 8,071,824 *	\$ 18.58	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	\$		35
36	Medical Director	Monthly 9,125	V9-3	36
37	Medical Records Consultant			37
38	Nurse Consultant			38
39	Pharmacist Consultant	863	7,138 V39-3	39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant	28	2,225 V11-3	44
45	Social Service Consultant			45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	891	\$ 18,488	49

C. CONTRACT NURSES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	\$		50
51	Licensed Practical Nurses			51
52	Certified Nurse Assistants/Aides			52
53	TOTAL (lines 50 - 52)	\$		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount		
Michelle Pollard	Adminstrator	0	\$ 101,999	Workers' Compensation Insurance	\$ 79,212	IDPH License Fee	\$ 2,140		
				Unemployment Compensation Insurance	5,275	Advertising: Employee Recruitment			
				FICA Taxes	289,716	Health Care Worker Background Check			
				Employee Health Insurance	325,419	(Indicate # of checks performed)			
				Employee Meals		Patient Background Checks	92		
				Illinois Municipal Retirement Fund (IMRF)*		Other Licenses	1,519		
				Disability Insurance	9,312	Other Dues and Memberships	3,319		
				Life Insurance	5,784	Publications	5		
				Savings & Revenue Sharing	38,934				
				Dental Insurance	17,411				
				Employee Tuition Reimbursement	738	Less: Public Relations Expense	()		
						Non-allowable advertising	()		
						Yellow page advertising	()		
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 101,999	TOTAL (agree to Schedule V, line 22, col.8)		\$ 771,801	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 7,903
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Description	Amount			Description	Line #	Amount	Description	Amount	
	\$					\$	Out-of-State Travel	\$	
							In-State Travel	7,079	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$				Seminar Expense	3,120	
C. Professional Services									
Vendor/Payee	Type	Amount							
Lutheran Senior Services	Management Services	\$ 632,771					Entertainment Expense ()		
CliftonLarsonAllen LLP	Accounts Services	7,750					TOTAL (agree to Sch. V, line 24, col. 8)		\$ 10,199
Polsinelli PC	Legal Services	1,982							
Various	Data Processing	7,431							
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 649,934	TOTAL					

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Lutheran Hillside Vilage, Inc. (The Lutheran Home)# 0019109Report Period Beginning: 1/1/2018Ending: 12/31/2018**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? No
If YES, give association name and amount. _____
- (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? 10
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 45,482 Line 39
- (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. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 196,064
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 benefit on Schedule V. \$ 0 Has any meal income been offset against related costs? No Indicate the amount. \$ 0
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? 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? 100
d. Have vehicle usage logs been maintained? N/A
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
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) 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