

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2014  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2014)**

IMPORTANT NOTICE  
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN SECTION 146.265 OF THE 89 IL ADMIN CODE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS.

<p><b>I. Facility ID Number:</b> <u>1000044</u></p> <p><b>Facility Name:</b> <u>Alexian Village of Elk Grove</u></p> <p><b>Address:</b> <u>975 Martha Street</u> <u>Elk Grove</u> <u>60007</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>Cook</u></p> <p><b>Telephone Number:</b> <u>(847) 437-8070</u> <b>Fax #</b> <u>(708) 481-3572</u></p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>1/6/2005</u></p> <p><b>Type of Ownership:</b></p> <table border="0"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td><b>IRS Exemption Code</b> _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td>_____</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Other <u>Limited Partnership</u></td> <td>_____</td> </tr> </table> <p><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Steve Lavenda</u> <b>Telephone Number:</b> <u>(847) 236 - 1111</u>  <b>Email Address:</b> _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	<b>IRS Exemption Code</b> _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.	_____		<input type="checkbox"/> Limited Liability Co.	_____		<input type="checkbox"/> Trust	_____		<input checked="" type="checkbox"/> Other <u>Limited Partnership</u>	_____	<p><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2014</u> to <u>12/31/2014</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1"> <tr> <td rowspan="2" style="width: 20%;"><b>Officer or Administrator of Provider</b></td> <td>(Signed) _____</td> </tr> <tr> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) _____</td> </tr> <tr> <td></td> <td>(Title) _____</td> </tr> <tr> <td rowspan="4"><b>Paid Preparer</b></td> <td>(Signed) _____</td> </tr> <tr> <td>(Date) _____</td> </tr> <tr> <td>(Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u></td> </tr> <tr> <td>(Firm Name &amp; Address) <u>Frost, Ruttenberg &amp; Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td> </tr> <tr> <td></td> <td>(Telephone) <u>(847) 236-1111</u> <b>Fax</b> <u>(847) 236-1155</u></td> </tr> </table> <p align="right">MAIL TO: BUREAU OF HEALTH FINANCE  IL DEPT OF HEALTHCARE AND FAMILY SERVICES  201 S. Grand Avenue East  Springfield, IL 62763-0001 <b>Phone # (217) 782-1630</b></p>	<b>Officer or Administrator of Provider</b>	(Signed) _____	(Date) _____		(Type or Print Name) _____		(Title) _____	<b>Paid Preparer</b>	(Signed) _____	(Date) _____	(Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u>	(Firm Name & Address) <u>Frost, Ruttenberg &amp; Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u>		(Telephone) <u>(847) 236-1111</u> <b>Fax</b> <u>(847) 236-1155</u>
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																					
<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State																																					
<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County																																					
<b>IRS Exemption Code</b> _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____																																					
	<input type="checkbox"/> "Sub-S" Corp.	_____																																					
	<input type="checkbox"/> Limited Liability Co.	_____																																					
	<input type="checkbox"/> Trust	_____																																					
	<input checked="" type="checkbox"/> Other <u>Limited Partnership</u>	_____																																					
<b>Officer or Administrator of Provider</b>	(Signed) _____																																						
	(Date) _____																																						
	(Type or Print Name) _____																																						
	(Title) _____																																						
<b>Paid Preparer</b>	(Signed) _____																																						
	(Date) _____																																						
	(Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u>																																						
	(Firm Name & Address) <u>Frost, Ruttenberg &amp; Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u>																																						
	(Telephone) <u>(847) 236-1111</u> <b>Fax</b> <u>(847) 236-1155</u>																																						

Facility Name Alexian Village of Elk Grove

Report Period Beginning: 1/1/2014 Ending: 12/31/2014

**III. STATISTICAL DATA**

**A. Certified units; enter number of units and unit days**

Date of change in certified units N/A

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	94	Single Unit Apartment	94	34,310	1
2	10	Double Unit Apartment	10	3,650	2
3		Other			3
4	104	TOTALS	104	37,960	4

**B. Census-For the entire report period.**

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	12,352	21,958		34,310	5
6	Double Unit	226	401		627	6
7	Other					7
8	TOTALS	12,578	22,359		34,937	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 92.04%

**D. Indicate the number of paid bed-hold days the SLF had during this year** 290 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 14 (Do not include bed-hold days in Section B.)

**E. Does page 3 include expenses for services or investments not directly related to SLF services?**

YES  NO

**F. Does the BALANCE SHEET reflect any non-SLF assets?**

YES  NO

**G. List all services provided by your facility for non-residents.** (E.g., day care, "meals on wheels", outpatient therapy)

None

**H. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

**I. Is your fiscal year identical to your tax year?**  YES  NO

Tax Year: 12/31/2014 Fiscal Year: 12/31/2014

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

**J. Does the facility have any Illinois Housing Development Authority Loans outstanding?** No If yes, did the facility make all of the required payments of interest and principle? N/A

If no, explain. N/A

**K. Does the facility have any loans from the Federal Home Loan Bank outstanding?** No If yes, did the facility make all of the required payments of interest and principle? N/A

If no, explain. N/A

**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 principle? N/A

If no, explain. N/A

Facility Name: Alexian Village of Elk Grove

Report Period Beginning:

1/1/2014

Ending: 12/31/2014

## 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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	265,335	218,657	20,630	504,622	6,055	510,677	1
2	Housekeeping, Laundry and Maintenance	140,617	42,156	94,145	276,918	7,288	284,206	2
3	Heat and Other Utilities			107,871	107,871	214	108,085	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>405,952</b>	<b>260,813</b>	<b>222,646</b>	<b>889,411</b>	<b>13,557</b>	<b>902,968</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	633,511	1,498	21,719	656,728	12,436	669,164	6
7	Activities and Social Services	41,681	4,395	22,324	68,400	10,781	79,181	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>675,192</b>	<b>5,893</b>	<b>44,043</b>	<b>725,128</b>	<b>23,217</b>	<b>748,345</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	225,886	26,464	1,840,418	2,092,768	(1,415,805)	676,963	10
11	Marketing Materials, Promotions and Advertising	95,600	1,009	58,140	154,749	42,324	197,073	11
12	Employee Benefits and Payroll Taxes			248,343	248,343		248,343	12
13	Insurance-Property, Liability and Malpractice			40,592	40,592	1,301	41,893	13
14	Other (specify):					24,860	24,860	14
15	<b>TOTAL General Administration</b>	<b>321,486</b>	<b>27,473</b>	<b>2,187,493</b>	<b>2,536,452</b>	<b>(1,347,320)</b>	<b>1,189,132</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,402,630</b>	<b>294,179</b>	<b>2,454,182</b>	<b>4,150,991</b>	<b>(1,310,546)</b>	<b>2,840,445</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			470,420	470,420	(1,804)	468,616	17
18	Interest			321,043	321,043	(1,264)	319,779	18
19	Real Estate Taxes			125,978	125,978		125,978	19
20	Rent -- Facility and Grounds			1,187	1,187	13,500	14,687	20
21	Rent -- Equipment			16,735	16,735	116	16,851	21
22	Other (specify): MIP & Amortization			52,468	52,468		52,468	22
23	<b>TOTAL Ownership</b>			<b>987,831</b>	<b>987,831</b>	<b>10,547</b>	<b>998,378</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,402,630</b>	<b>294,179</b>	<b>3,442,013</b>	<b>5,138,822</b>	<b>(1,299,998)</b>	<b>3,838,824</b>	<b>24</b>

## Alexian Village of Elk Grove

Report Period Beginning: 1/1/2014  
Ending: 12/31/2014

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ (1,804)	17	1
2	Guest Meals	(1,804)	01	2
3	Employee Meals	(2,492)	01	3
4	Maintenance Fees	(140)	02	4
5	Misc Concession	(116)	10	5
6	NSF Fees	(60)	10	6
7	Other Income	(9,598)	10	7
8	Meals & Entertainment	(615)	11	8
9	Bank Service Charges	(1,351)	10	9
10	Charitable Contributions	(1,614)	10	10
11	Resident Gifts	(361)	10	11
12	Resident Reimbursables	(122)	10	12
13	Bad Debt - Tenant	(7,565)	10	13
14	Bad Debt - Medicaid	(2,432)	10	14
15	Cable TV	(3,245)	10	15
16	Management Fees	(186,881)	10	16
17	Service Provider Fee	(66,048)	10	17
18	Partnership Accounting Ex	(1,700)	10	18
19	Asset Management Fee	(45,667)	10	19
20	Incentive Management Fee	(1,268,663)	10	20
21	Partnership Misc Income	(31,000)	10	21
22	Interest Income - Escrows	(1,251)	18	22
23	Interest Income	(14)	18	23
24	Additional R&M	4,189	02	24
25	Capitalized R&M	(2,680)	02	25
26				26
27	PATHWAY MANAGEMENT LLC:			27
28	Maintenance	4,639	02	28

29	Utilities	214	03	29
30	Health Care/ Personal Care	6,050	06	30
31	Comumunity Life	2,121	07	31
32	Administrative	108,898	10	32
33	Marketing	18,203	11	33
34	Insurance	73	13	34
35	Employee Benefits	11,107	14	35
36	Rent- Building	12,484	20	36
37	Rent- Equipment	57	21	37
38				38
39	PATHWAY SENIOR LIVING LLC:			39
40	Dietary	10,351	01	40
41	Maintenance	1,280	02	41
42	Health Care/ Personal Care	6,386	06	42
43	Comumunity Life	8,660	07	43
44	Administrative	101,720	10	44
45	Marketing	24,736	11	45
46	Insurance	1,228	13	46
47	Employee Benefits	13,753	14	47
48	Rent - Building	1,016	20	48
49	Rent - Equipment	59	21	49
50				50
51				51
52				52
53				53
54				54
55				55
56				56
57				57
58				58
59				59
60				60
61				61
62				62
63				63
64				64

65			65
66			66
67			67
68			68
69			69
70			70
71			71
72			72
73			73
74			74
75			75
76			76
77			77
78			78
79			79
80			80
81			81
82			82
83			83
84			84
85			85
86			86
87			87
88			88
89			89
90			90
91			91
92			92
93			93
94			94
95			95
96			96
97			97
98			98
99			99
100			100

101	Total	(1,299,998)	101
-----	-------	-------------	-----

Facility Name: Alexian Village of Elk Grove

Report Period Beginning 1/1/2014

Ending: 12/31/2014

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2.04	\$ 26.42	1
2	Licensed Practical Nurses	2.13	27.77	2
3	Certified Nurse Assistants	16.15	11.86	3
4	Activity Director & Assistants	1.00	19.98	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	10.75	11.86	7
8	Dishwashers			8
9	Maintenance Workers	2.04	20.58	9
10	Housekeepers	2.65	9.66	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.21	25.79	13
14	Clerical			14
15	Marketing	1.00	45.96	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>41.97</b>	<b>\$ 16.07</b>	<b>17</b>

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	Jerry Finis	0.001415%	2.18	\$ 8,379	1	
2	Robert Helle	0.000654%	2.18	6,529	2	
3					3	
4					4	
5					5	
				<b>Total</b>	<b>\$ 14,908</b>	<b>6</b>

VI. (B) Management fees paid to unrelated parties

	Amount of Fee			
1	N/A	\$	1	
2			2	
		<b>Total</b>	<b>\$</b>	<b>3</b>

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
See Attached			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
See Attached					

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: N/A If yes, what is the value of those services? \$ N/A

(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).

Facility Name: Alexian Village of Elk Grove

Report Period Beginning:

1/1/2014

Ending:

12/31/2014

VIII. OWNERSHIP COSTS

A. Purchase price of land 915,674 Year land was acquired 2004

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	114		2004	2004	\$ 11,826,242	\$ 470,420	35	\$ 337,893	\$ (132,527)	\$ 3,078,930	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Total From Supplemental Page 5's				90,550			3,764	3,764	11,340	6
7	Various			2004	442,058		20	22,103	22,103	221,029	7
8	Various			2005	70,092		20	3,505	3,505	32,064	8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 12,428,942	\$ 470,420		\$ 367,265	\$ (103,156)	\$ 3,343,363	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	\$ 1,013,782	\$	\$ 101,351	101,351	10	\$ 903,466	18
19	Vehicles	16,646				5	16,646	19
20	TOTAL (lines 18 and 19)	\$ 1,030,428	\$	\$ 101,351	101,351		\$ 920,112	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		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

STATE OF ILLINOIS

Facility Name & ID Number Alexian Village of Elk Grove

Report Period Beginning:

1/1/2014 Ending:

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	Ac
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	De
1							
2	2007	1,635		20	14	14	
3	2007	16,681		20	139	139	
4	2009	4,798		20	240	240	
5	2009	2,880		20	144	144	
6	2010	3,040		20	152	152	
7	2010	10,210		20	511	511	
8	2010	2,000		20	100	100	
9	2011	3,540		20	177	177	
10	2013	2,563		20	128	128	
11	2013	9,740		20	487	487	
12	2013	7,800		20	390	390	
13	2014	8,263		20	413	413	
14	2014	14,720		20	736	736	
15	2014	2,680		20	134	134	
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34	TOTAL (lines 1 thru 33)	\$ 90,550	\$		\$ 3,764	\$ 3,764	\$

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

<b>9</b>	
<b>Accumulated</b>	
<b>depreciation</b>	
	<b>1</b>
<b>110</b>	<b>2</b>
<b>1,112</b>	<b>3</b>
<b>1,440</b>	<b>4</b>
<b>864</b>	<b>5</b>
<b>760</b>	<b>6</b>
<b>2,554</b>	<b>7</b>
<b>500</b>	<b>8</b>
<b>708</b>	<b>9</b>
<b>256</b>	<b>10</b>
<b>974</b>	<b>11</b>
<b>780</b>	<b>12</b>
<b>413</b>	<b>13</b>
<b>736</b>	<b>14</b>
<b>134</b>	<b>15</b>
	<b>16</b>
	<b>17</b>
	<b>18</b>
	<b>19</b>
	<b>20</b>
	<b>21</b>
	<b>22</b>
	<b>23</b>
	<b>24</b>
	<b>25</b>
	<b>26</b>
	<b>27</b>
	<b>28</b>
	<b>29</b>
	<b>30</b>
	<b>31</b>
	<b>32</b>
	<b>33</b>
<b>11,340</b>	<b>34</b>

STATE OF ILLINOIS

Facility Name & ID Number Alexian Village of Elk Grove

Report Period Beginning:

1/1/2014 Ending:

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	Ac
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	De
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34	TOTAL (lines 1 thru 33)		\$	\$	\$	\$	\$

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

<b>9</b> <b>Accumulated</b> <b>Depreciation</b>	
	1
	2
	3
	4
	5
	6
	7
	8
	9
	10
	11
	12
	13
	14
	15
	16
	17
	18
	19
	20
	21
	22
	23
	24
	25
	26
	27
	28
	29
	30
	31
	32
	33
	34

STATE OF ILLINOIS

Facility Name & ID Number Alexian Village of Elk Grove

Report Period Beginning:

1/1/2014 Ending:

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	Ac
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	De
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34	TOTAL (lines 1 thru 33)		\$	\$	\$	\$	\$

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

<b>9</b> <b>Accumulated</b> <b>Depreciation</b>	
	1
	2
	3
	4
	5
	6
	7
	8
	9
	10
	11
	12
	13
	14
	15
	16
	17
	18
	19
	20
	21
	22
	23
	24
	25
	26
	27
	28
	29
	30
	31
	32
	33
	34

Facility Name: Alexian Village of Elk Grove

Report Period Beginning: 1/1/2014

Ending: 2/31/2014

**IX. RENTAL COSTS**

**A. Building and Fixed Equipment**

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?  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	Storage Rental			/ /	1,187			5
6	Allocatd from Pathway			/ /	13,500			6
7	<b>TOTAL</b>				\$ 14,687			7

8. Is movable equipment rental included in building rental?  YES  NO

9. Rental amount for movable equipment \$ 16,851

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			
	<b>A. Directly Facility Related</b>									
	<b>Long-Term</b>									
1	Greystone		X	1st Mortgage	4/1/12	\$ 9,279,000	\$ 8,843,527	3/1/45	3.6000	\$ 321,004
2					/ /			/ /		
3					/ /			/ /		
	<b>Working Capital</b>									
4	Security Deposit Interest		X		/ /			/ /		39
5					/ /			/ /		
6					/ /			/ /		
7	<b>TOTAL Facility Related</b>					\$ 9,279,000	\$ 8,843,527			\$ 321,043
	<b>B. Non-Facility Related</b>									
8	Interest Income - Escrows		X		/ /			/ /		(1,251)
9	Interest Income		X		/ /			/ /		(14)
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 9,279,000	\$ 8,843,527			\$ 319,778

\* 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.

Facility Name: Alexian Village of Elk Grove

Report Period Beginning: 1/1/2014

Ending:

12/31/2014

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2014

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 2,519,582	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	410,824		3
4	Supply Inventory (priced at )	6,360		4
5	Short-Term Investments			5
6	Prepaid Insurance	44,626		6
7	Other Prepaid Expenses	58,012		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	1,472,340		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 4,511,744	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	915,674		13
14	Buildings, at Historical Cost	11,885,884		14
15	Leasehold Improvements, at Historical Cost	551,050		15
16	Equipment, at Historical Cost	1,024,594		16
17	Accumulated Depreciation (book methods)	(5,680,079)		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):	100,409		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 8,797,532	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 13,309,276	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 1,364,158	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	99,926		30
31	Accrued Taxes Payable	117,245		31
32	Accrued Interest Payable	26,531		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36	See Attached	155,992		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 1,763,852	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	8,843,527		39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 8,843,527	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 10,607,379	\$	45
46	<b>TOTAL EQUITY</b>	\$ 2,701,897	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 13,309,276	\$	47

\*(See instructions.)

Facility Name: Alexian Village of Elk Grove

Report Period Beginning: 1/1/2014

Ending:

12/31/2014

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

		1	
Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 5,092,013	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 5,092,013</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
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	4,296	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 4,296</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	1,265	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 1,265</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	See Attached	10,630	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 10,630</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 5,108,204</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	889,411	19
20	Health Care/ Personal Care	725,128	20
21	General Administration	2,536,452	21
<b>B. Capital Expense</b>			
22	Ownership	987,831	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 5,138,822</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (30,618)</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ (30,618)</b>	<b>31</b>