

Facility Name Alexian Village Of Elk Grove

Report Period Beginning: 1/6/2005 Ending: 12/31/2005

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	114	Single Unit Apartment	114	41,610	1
2		Double Unit Apartment			2
3		Other			3
4	114	TOTALS	114	41,610	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	13,682	18,383		32,065	5
6	Double Unit					6
7	Other					7
8	TOTALS	13,682	18,383		32,065	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 77.06%

D. Indicate the number of paid bed-hold days the SLF had during this year 620 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 568 (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: 12/31/05 Fiscal Year: 12/31/05

* 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? _____

If no, explain. _____

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? _____

If no, explain. _____

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? _____

If no, explain. _____

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

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage	Supplies	Other	Total			
	A. General Services	1	2	3	4	5	6	
1	Dietary and Food Purchase	288,888	174,854	8,685	472,427	(9,007)	463,420	1
2	Housekeeping, Laundry and Maintenance	71,049	29,273	37,018	137,340	746	138,086	2
3	Heat and Other Utilities			91,561	91,561	(477)	91,084	3
4	Other (specify):							4
5	TOTAL General Services	359,937	204,127	137,264	701,328	(8,738)	692,590	5
B. Health Care and Programs								
6	Health Care/ Personal Care	399,351		9,445	408,796		408,796	6
7	Activities and Social Services	40,199	194	9,461	49,854	(3,321)	46,533	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	439,550	194	18,906	458,650	(3,321)	455,329	9
C. General Administration								
10	Administrative and Clerical	247,287	38,738	410,176	696,201	20,443	716,644	10
11	Marketing Materials, Promotions and Advertising	141,022		259,118	400,140	(400,140)		11
12	Employee Benefits and Payroll Taxes		2,861	261,181	264,042	6,972	271,014	12
13	Insurance-Property, Liability and Malpractice			91,538	91,538	5,059	96,597	13
14	Other (specify):							14
15	TOTAL General Administration	388,309	41,599	1,022,013	1,451,921	(367,666)	1,084,255	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,187,796	245,920	1,178,183	2,611,899	(379,725)	2,232,174	16
Capital Expenses								
D. Ownership								
17	Depreciation			778,947	778,947	(341,960)	436,987	17
18	Interest			490,188	490,188	(1,755)	488,433	18
19	Real Estate Taxes			53,779	53,779		53,779	19
20	Rent -- Facility and Grounds					10,605	10,605	20
21	Rent -- Equipment			13,188	13,188	1,835	15,023	21
22	Other (specify):MIP, Amort., Asset Mgmt Fee			69,854	69,854		69,854	22
23	TOTAL Ownership			1,405,956	1,405,956	(331,275)	1,074,681	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,187,796	245,920	2,584,139	4,017,855	(711,000)	3,306,855	24

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.50	\$ 39.65	1
2	Licensed Practical Nurses	2.64	17.56	2
3	Certified Nurse Assistants	12.60	9.99	3
4	Activity Director & Assistants	0.48	40.44	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	12.59	11.03	7
8	Dishwashers			8
9	Maintenance Workers	0.91	19.19	9
10	Housekeepers	1.94	8.56	10
11	Laundry			11
12	Managers			12
13	Other Administrative	2.39	49.79	13
14	Clerical			14
15	Marketing	1.00	67.80	15
16	Other			16
17	Total (lines 1 thru 16)	35.05	\$ 16.29	17

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	Brian Cloch	29%	6.80	\$ 45,612	1
2	Jerry Finis	29%	6.80	57,736	2
3	Robert Helle	13%	6.80	50,242	3
4	E Keledjian	29%	6.80	45,767	4
5					5
Total				\$ 199,357	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	1
2		2
Total		\$ 3

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).

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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		35	\$ 337,893	\$ 337,893	\$ 337,893	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Page 5A				-	-		-	-	-	6
7	Land Improvements			2004	442,058		20	22,103	22,103	22,103	7
8	Sign			2005	10,451		20	523	523	523	8
9								-	-	-	9
10								-	-	-	10
11								-	-	-	11
12								-	-	-	12
13								-	-	-	13
14								-	-	-	14
15	Allocate Pathway					1,692		-	(1,692)	-	15
16	Book Depreciation					778,947		-	(778,947)	-	16
17	TOTAL (lines 1 thru 16)				\$ 12,278,751	\$ 780,639		\$ 360,518	\$ (420,121)	\$ 360,518	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	\$ 764,693		\$ 76,469	76,469	10	\$ 76,469	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 764,693	\$	\$ 76,469	76,469		\$ 76,469	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

Facility Name & ID Number Alexian Village Of Elk Grove

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XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	\$	34

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

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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	Allocate Pathway		/ /	10,605			5
6			/ /				6
7	TOTAL			\$ 10,605			7

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

9. Rental amount for movable equipment \$ 15,023

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				
		Related**				Amount of Note						Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense
		YES	NO			Original	Balance							
A. Directly Facility Related														
Long-Term														
1	Reilly Mortgage Group		X	HUD Mortgage Loan	/ /	\$	9,231,089	3/1/45	5.9800	\$ 479,069	1			
2					/ /			/ /			2			
3					/ /			/ /			3			
Working Capital														
4					/ /			/ /		11,119	4			
5					/ /			/ /			5			
6					/ /			/ /			6			
7	TOTAL Facility Related					\$	9,231,089			\$ 490,188	7			
B. Non-Facility Related														
8	Interest Income		X		/ /			/ /		-1,631	8			
9	Allocate Pathway		X		/ /			/ /		-124	9			
10	TOTALS (lines 7, 8 and 9)					\$	9,231,089			\$ 488,433	10			

* If there is an option to buy the building, please provide complete details on an attached schedule.

** If there is any overlap in ownership between the facility and the lender, this must be indicated in column 2.

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XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2005

(last day of reporting year)

	1	2	
	Operating	After	
		Consolidation*	
A. Current Assets			
1	Cash on Hand and in Banks	\$ 228,440	\$ 1
2	Cash-Patient Deposits		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	206,460	3
4	Supply Inventory (priced at)		4
5	Short-Term Investments		5
6	Prepaid Insurance	79,233	6
7	Other Prepaid Expenses	11,592	7
8	Accounts Receivable (owners or related parties)	949	8
9	Other(specify): See Attached	1,056,561	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,583,235	\$ 10
B. Long-Term Assets			
11	Long-Term Notes Receivable		11
12	Long-Term Investments		12
13	Land	1,357,733	13
14	Buildings, at Historical Cost	11,885,884	14
15	Leasehold Improvements, at Historical Cost		15
16	Equipment, at Historical Cost	837,485	16
17	Accumulated Depreciation (book methods)	(892,430)	17
18	Deferred Charges		18
19	Organization & Pre-Operating Costs	635,122	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		20
21	Restricted Funds	69,527	21
22	Other Long-Term Assets (specify):		22
23	Other(specify): See Attached	1,202,138	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 15,095,459	\$ 24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 16,678,694	\$ 25

	1	2	
	Operating	After	
		Consolidation*	
C. Current Liabilities			
26	Accounts Payable	\$ 368,446	\$ 26
27	Officer's Accounts Payable		27
28	Accounts Payable-Patient Deposits	3,650	28
29	Short-Term Notes Payable		29
30	Accrued Salaries Payable	26,633	30
31	Accrued Taxes Payable	67,334	31
32	Accrued Interest Payable		32
33	Deferred Compensation		33
34	Federal and State Income Taxes		34
	Other Current Liabilities(specify):		
35			35
36			36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 466,063	\$ 37
D. Long-Term Liabilities			
38	Long-Term Notes Payable		38
39	Mortgage Payable	9,231,089	39
40	Bonds Payable		40
41	Deferred Compensation		41
	Other Long-Term Liabilities(specify):		
42			42
43	See Attached	1,487,785	43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 10,718,874	\$ 44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 11,184,937	\$ 45
46	TOTAL EQUITY	\$ 5,493,757	\$ 46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 16,678,694	\$ 47

*(See instructions.)

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

		1	
Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 2,771,850	1
2	Discounts and Allowances		2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 2,771,850	3
B. Other Operating Revenue			
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals		9
10	Laundry		10
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	1,631	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 1,631	14
D. Other Revenue (specify):			
15	See Attached	15,670	15
16			16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$ 15,670	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 2,789,151	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	701,328	19
20	Health Care/ Personal Care	458,650	20
21	General Administration	1,451,921	21
B. Capital Expense			
22	Ownership	1,405,956	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
TOTAL EXPENSES			
28	(sum of lines 19 thru 27)	\$ 4,017,855	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ (1,228,704)	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ (1,228,704)	31