

		FOR BHF USE			

LL2

Supportive Living Facility
2006
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2006)

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>I.</p> <p>Facility Name: <u>Alexian Village Of Elk Grove</u></p> <p>Address: <u>975 Martha Street</u> <u>Elk Grove Village</u> <u>60007</u> Number City Zip Code</p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(847) 437-8070</u> Fax # <u>(708) 481-3572</u></p> <p>Federal Employer ID Number: <u>32-0011030</u></p> <p>Date Current Owners were Certified: <u>1/6/2005</u></p> <p>Type of Ownership:</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>IRS Exemption Code _____</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>In the event there are further questions about this report, please contact: Name: <u>Steve Lavenda</u> Telephone Number: <u>(847) 236 - 1111</u></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	IRS Exemption Code _____	<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>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2006</u> to <u>12/31/2006</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="0"> <tr> <td style="border: 1px solid black; width: 150px;">Officer or Administrator of Provider</td> <td>(Signed) _____ (Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) _____</td> </tr> <tr> <td></td> <td>(Title) _____</td> </tr> <tr> <td style="border: 1px solid black;">Paid Preparer</td> <td>(Signed) _____ (Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u></td> </tr> <tr> <td></td> <td>(Firm Name & Address) <u>Frost, Ruttenberg & 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> Fax <u>(847) 236-1155</u></td> </tr> </table> <p align="center">MAIL TO: BUREAU OF HEALTH FINANCE IL DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	Officer or Administrator of Provider	(Signed) _____ (Date) _____		(Type or Print Name) _____		(Title) _____	Paid Preparer	(Signed) _____ (Date) _____		(Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u>		(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u>		(Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u>
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																					
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Facility Name Alexian Village Of Elk Grove

Report Period Beginning: 1/1/2006 Ending: 12/31/2006

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 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	13,015	24,982		37,997	5
6	Double Unit					6
7	Other					7
8	TOTALS	13,015	24,982		37,997	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 91.32%

D. Indicate the number of paid bed-hold days the SLF had during this year 2,594 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 553 (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: 12/31/06 Fiscal Year: 12/31/06

* 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

STATE OF ILLINOIS

Page 3

Facility Name: Alexian Village Of Elk Grove

Report Period Beginning:

1/1/2006

Ending: 12/31/2006

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

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
A. General Services								
1	Dietary and Food Purchase	307,102	202,115	2,582	511,799	(7,439)	504,360	1
2	Housekeeping, Laundry and Maintenance	110,084	38,900	59,838	208,822	1,879	210,701	2
3	Heat and Other Utilities			99,025	99,025	(498)	98,527	3
4	Other (specify):							4
5	TOTAL General Services	417,186	241,015	161,445	819,646	(6,058)	813,588	5
B. Health Care and Programs								
6	Health Care/ Personal Care	449,150		6,941	456,091		456,091	6
7	Activities and Social Services	48,568		6,640	55,208	(330)	54,878	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	497,718		13,581	511,299	(330)	510,969	9
C. General Administration								
10	Administrative and Clerical	273,187	22,837	588,155	884,179	(175,587)	708,592	10
11	Marketing Materials, Promotions and Advertising	92,928		55,656	148,584	(148,928)	(344)	11
12	Employee Benefits and Payroll Taxes		77	272,770	272,847	7,604	280,451	12
13	Insurance-Property, Liability and Malpractice			83,262	83,262	5,307	88,569	13
14	Other (specify):							14
15	TOTAL General Administration	366,115	22,914	999,843	1,388,872	(311,604)	1,077,268	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,281,019	263,929	1,174,869	2,719,817	(317,992)	2,401,825	16
Capital Expenses								
D. Ownership								
17	Depreciation			669,798	669,798	(219,116)	450,682	17
18	Interest			550,373	550,373	(19,393)	530,980	18
19	Real Estate Taxes			277,730	277,730		277,730	19
20	Rent -- Facility and Grounds					16,071	16,071	20
21	Rent -- Equipment			19,161	19,161	1,253	20,414	21
22	Other (specify): MIP, Amort., Asset Mgmt Fee			96,588	96,588		96,588	22
23	TOTAL Ownership			1,613,650	1,613,650	(221,185)	1,392,465	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,281,019	263,929	2,788,519	4,333,467	(539,177)	3,794,290	24

Alexan Village Of Elk Grove

Report Period Beginning: 11/2006
 Ending: 12/31/2006

Sch. V Line

NON-ALLOWABLE EXPENSES		
	Amount	Reference
1	Non-Straight Line Depreciation	(221,887) 17 1
2	Meal Program Income	(7,490) 01 2
3	Other Income	(195) 10 3
4	Late Fees/Finance	(441) 10 4
5	Meals & Entertainment	(294) 10 5
6	Bank Service Charges	(28) 10 6
7	Cable TV	(1,136) 03 7
8	Bad Debt - Tenant	(14,560) 10 8
9	Resident Gifts	(548) 07 9
10	Resident Reimbursables	(273) 10 10
11	Marketing Salaries & Expenses	(148,582) 11 11
12	Marketing Employee Benefits	(17,494) 12 12
13	Incentive Management Fee	(310,000) 10 13
14	Interest Income	(19,392) 10 14
15		
16	Pathway Senior Living Allocation:	
17	Housekeeping, Laundry and Maintenance	1,879 02 17
18	Heat and Other Utilities	638 03 18
19	Administrative and Clerical	345,306 10 19
20	Marketing, Promotions and Advertising	(346) 11 20
21	Employee Benefits and Payroll Taxes	23,098 12 21
22	Insurance - Property, Liability and Malpractice	5,307 13 22
23	Depreciation	2,471 17 23
24	Interest Income	(1) 10 24
25	Rent - Facility and Grounds	14,071 20 25
26	Rent - Equipment	1,253 21 26
27	Management/Service Provider Fees	(195,110) 10 27
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100		
101	Total	(538,177) 101

Facility Name: Alexian Village Of Elk Grove

Report Period Beginning 1/1/2006 Ending: 12/31/2006

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.54	\$ 41.40	1
2	Licensed Practical Nurses	2.84	18.34	2
3	Certified Nurse Assistants	13.57	10.43	3
4	Activity Director & Assistants	1.18	19.86	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	13.26	11.13	7
8	Dishwashers			8
9	Maintenance Workers	1.63	21.57	9
10	Housekeepers	1.92	9.28	10
11	Laundry			11
12	Managers			12
13	Other Administrative	5.66	23.22	13
14	Clerical			14
15	Marketing	1.00	44.55	15
16	Other			16
17	Total (lines 1 thru 16)	41.60	\$ 14.81	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%	6.83	\$ 40,711	1
2	Jerry Finis	29%	6.83	57,355	2
3	Robert Helle	13%	6.83	52,093	3
4	E Keledijian	29%	6.83	43,540	4
5					5
Total				\$ 193,700	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				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:

1/1/2006

Ending:

12/31/2006

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	\$ 675,786	1	
2											2	
3											3	
4											4	
5											5	
Improvement Type												
6	Total From Supplemental Page 5's											6
7	Land Improvements			2004	442,058		20	22,103	22,103	44,206	7	
8	Sign			2005	10,451		20	523	523	1,045	8	
9	Building Improvement			2005	59,641		20	2,982	2,982	2,982	9	
10												10
11												11
12												12
13												13
14												14
15	Allocate Pathway					2,471			(2,471)		15	
16	Book Depreciation					669,798			(669,798)		16	
17	TOTAL (lines 1 thru 16)				\$ 12,338,392	\$ 672,269		\$ 363,501	\$ (308,769)	\$ 724,019	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	\$ 838,524		\$ 83,852	83,852	10	\$ 160,322	18
19	Vehicles	16,646		3,329	3,329	5	3,329	19
20	TOTAL (lines 18 and 19)	\$ 855,170		\$ 87,182	87,182		\$ 163,651	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

Report Period Beginning:

1/1/2006

Ending:

12/31/2006

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
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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

Facility Name & ID Number Alexian Village Of Elk Grove

Report Period Beginning:

1/1/2006

Ending:

12/31/2006

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
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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

Facility Name & ID Number Alexian Village Of Elk Grove

Report Period Beginning:

1/1/2006

Ending:

12/31/2006

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
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10									10
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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

Facility Name: Alexian Village Of Elk Grove

Report Period Beginning: 1/1/2006

Ending: 2/31/2006

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		/ /	16,071			5
6			/ /				6
7	TOTAL			\$ 16,071			7

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

9. Rental amount for movable equipment \$ 20,414

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					
	Name of Lender	YES	NO	Purpose of Loan	Date of Note	Original	Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
A. Directly Facility Related											
Long-Term											
1	Reilly Mortgage Group		X	HUD Mortgage Loan	/ /	\$	\$ 9,170,361	3/1/45		\$ 550,372	1
2					/ /			/ /			2
3					/ /			/ /			3
Working Capital											
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	\$ 9,170,361			\$ 550,372	7
B. Non-Facility Related											
8	Interest Income		X		/ /			/ /		(19,392)	8
9	Allocate Pathway		X		/ /			/ /		(1)	9
10	TOTALS (lines 7, 8 and 9)					\$	\$ 9,170,361			\$ 530,979	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.

STATE OF ILLINOIS

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Facility Name: Alexian Village Of Elk Grove

Report Period Beginning: 1/1/2006

Ending:

12/31/2006

12/31/2006

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2006

(last day of reporting year)

	1	2	
	Operating	After	
		Consolidation*	
A. Current Assets			
1	Cash on Hand and in Banks	\$ 561,179	\$ 1
2	Cash-Patient Deposits		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	329,367	3
4	Supply Inventory (priced at)		4
5	Short-Term Investments		5
6	Prepaid Insurance	12,529	6
7	Other Prepaid Expenses	11,485	7
8	Accounts Receivable (owners or related parties)	1,617	8
9	Other(specify): See Attached	587,359	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,503,536	\$ 10
B. Long-Term Assets			
11	Long-Term Notes Receivable		11
12	Long-Term Investments		12
13	Land	750,000	13
14	Buildings, at Historical Cost	13,088,482	14
15	Leasehold Improvements, at Historical Cost		15
16	Equipment, at Historical Cost	855,171	16
17	Accumulated Depreciation (book methods)	(1,576,717)	17
18	Deferred Charges		18
19	Organization & Pre-Operating Costs		19
20	Accumulated Amortization - Organization & Pre-Operating Costs		20
21	Restricted Funds	152,959	21
22	Other Long-Term Assets (specify):		22
23	Other(specify): See Attached	807,873	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 14,077,768	\$ 24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 15,581,304	\$ 25

*(See instructions.)

	1	2	
	Operating	After	
		Consolidation*	
C. Current Liabilities			
26	Accounts Payable	\$ 455,261	\$ 26
27	Officer's Accounts Payable		27
28	Accounts Payable-Patient Deposits	3,500	28
29	Short-Term Notes Payable		29
30	Accrued Salaries Payable	44,935	30
31	Accrued Taxes Payable	175,915	31
32	Accrued Interest Payable		32
33	Deferred Compensation		33
34	Federal and State Income Taxes		34
	Other Current Liabilities(specify):		
35			35
36	See Attached	1	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 679,612	\$ 37
D. Long-Term Liabilities			
38	Long-Term Notes Payable		38
39	Mortgage Payable	9,170,361	39
40	Bonds Payable		40
41	Deferred Compensation		41
	Other Long-Term Liabilities(specify):		
42			42
43	See Attached	652,267	43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 9,822,628	\$ 44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,502,240	\$ 45
46	TOTAL EQUITY	\$ 5,079,064	\$ 46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 15,581,304	\$ 47

Other Current Assets:	<u>Operating</u>	<u>After Consolidation</u>	Other Current Liabilities	<u>Operating</u>	<u>After Consolidation</u>
09A Payroll/Benefit Reserve	88,500	-	36A Lp Cap Contribution A/R	1	-
09B Operating Expense	2,100	-	36B	-	-
09C Operating Escrow Mm	411,588	-	36C	-	-
09D Resident S/D Escrow	4,000	-	36D	-	-
09E S/D Interest	4	-	36E	-	-
09F Re Tax Escrow - Reilly	6,767	-	36F	-	-
09G Insurance Escrow -	74,400	-	36G	-	-
09H	-	-	36H	-	-
09I	-	-	36I	-	-
09J	-	-	36J	-	-
	<u>587,359</u>	<u>-</u>		<u>1</u>	<u>-</u>
Other Non-Current Assets:	<u>Operating</u>	<u>After Consolidation</u>	Other Non-Current Liabilities	<u>Operating</u>	<u>After Consolidation</u>
23A Medicaid W/C Reserve	187,118	-	43A Developer Fee Payable	435,803	-
23B Marketing/Leaseup	54,468	-	43B Offsite Improvements	216,464	-
23C Idpa Sif Reserve	450,000	-	43C	-	-
23D Prtnrsh Replacement Res	51,300	-	43D	-	-
23E Mip Escrow - Reilly	64,987	-	43E	-	-
23F	-	-	43F	-	-
23G	-	-	43G	-	-
23H	-	-	43H	-	-
23I	-	-	43I	-	-
23J	-	-	43J	-	-
	<u>807,873</u>	<u>-</u>		<u>652,267</u>	<u>-</u>

Facility Name: Alexian Village Of Elk Grove

Report Period Beginning: 1/1/2006

Ending: 12/31/2006

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	\$ 3,891,079	1
2	Discounts and Allowances		2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 3,891,079	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	19,392	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 19,392	14
D. Other Revenue (specify):			
15	See Attached	8,303	15
16			16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$ 8,303	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 3,918,774	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	819,646	19
20	Health Care/ Personal Care	511,299	20
21	General Administration	1,388,872	21
B. Capital Expense			
22	Ownership	1,613,650	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)	\$ 4,333,467	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ (414,693)	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ (414,693)	31

15A	Late Fees		201
15B	Nsf Fees		168
15C	Repair Fees		300
15D	Meal Program Income	(ADJ on Pg 3Adj)	7,439
15E	Other Income	(ADJ on Pg 3Adj)	195
15F			
15G			
15H			
15I			
15J			
15K			
15L			
15M			
15N			
15O			
15P			
15Q			
15R			
15S			

8,303