

Facility Name Alexian Village of Elk GroveReport Period Beginning: 1/1/2007 Ending: 12/31/2007

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	13,819	24,211		38,030	5
6	Double Unit					6
7	Other					7
8	TOTALS	13,819	24,211		38,030	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 91.40%D. Indicate the number of paid bed-hold days the SLF had during this year 329 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 582 (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)

H. ACCOUNTING BASIS

ACCRRUAL MODIFIED CASH* CASH* I. Is your fiscal year identical to your tax year? YES NOTax Year: 12/31/07 Fiscal Year: 12/31/07

* 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/AIf no, explain. N/AK. 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/AIf no, explain. N/AL. 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/AIf no, explain. N/A

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

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
A. General Services								
1	Dietary and Food Purchase	304,156	206,019	4,587	514,762	(6,573)	508,189	1
2	Housekeeping, Laundry and Maintenance	96,185	37,401	47,756	181,342	986	182,328	2
3	Heat and Other Utilities			110,450	110,450	582	111,032	3
4	Other (specify):							4
5	TOTAL General Services	400,341	243,420	162,793	806,554	(5,005)	801,549	5
B. Health Care and Programs								
6	Health Care/ Personal Care	491,041	926	9,574	501,541		501,541	6
7	Activities and Social Services	55,152		8,901	64,053		64,053	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	546,193	926	18,475	565,594		565,594	9
C. General Administration								
10	Administrative and Clerical	277,555	6,901	401,250	685,706	53,779	739,485	10
11	Marketing Materials, Promotions and Advertising	79,151		34,111	113,262		113,262	11
12	Employee Benefits and Payroll Taxes			269,538	269,538	20,641	290,179	12
13	Insurance-Property, Liability and Malpractice			76,775	76,775	4,567	81,342	13
14	Other (specify):			45,704	45,704		45,704	14
15	TOTAL General Administration	356,706	6,901	827,378	1,190,985	78,987	1,269,972	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,303,240	251,247	1,008,646	2,563,133	73,982	2,637,115	16
Capital Expenses								
D. Ownership								
17	Depreciation			594,838	594,838	(143,572)	451,266	17
18	Interest			546,641	546,641	(24,260)	522,381	18
19	Real Estate Taxes			19,658	19,658		19,658	19
20	Rent -- Facility and Grounds					11,868	11,868	20
21	Rent -- Equipment			13,176	13,176		13,176	21
22	Other (specify): Amortization Exp.			14,489	14,489		14,489	22
23	TOTAL Ownership			1,188,802	1,188,802	(155,964)	1,032,838	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,303,240	251,247	2,197,448	3,751,935	(81,982)	3,669,953	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	0.73	\$ 38.34	1
2	Licensed Practical Nurses	1.99	22.96	2
3	Certified Nurse Assistants	14.22	11.43	3
4	Activity Director & Assistants	1.31	20.23	4
5	Social Service Workers	-		5
6	Head Cook	-		6
7	Cook Helpers/Assistants	13.40	10.92	7
8	Dishwashers	-		8
9	Maintenance Workers	1.08	25.14	9
10	Housekeepers	1.88	10.17	10
11	Laundry	-		11
12	Managers	-		12
13	Other Administrative	5.44	24.54	13
14	Clerical	-		14
15	Marketing	1.26	30.10	15
16	Other	-		16
17	Total (lines 1 thru 16)	41.31	\$ 15.17	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%	4.73	\$ 17,399	1
2	Jerry Finis	29%	4.73	26,099	2
3	Robert Helle	13%			3
4	E. Keledijan	29%			4
5					5
Total				\$ 43,498.59	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 <u>1</u>	City <u>2</u>
See Attached	

OTHER RELATED BUSINESS ENTITIES		
Name <u>3</u>	City <u>4</u>	Type of Business <u>5</u>
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? \$ _____

(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	\$ 713,679	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	66,309	7	
8	Sign			2005	10,451		20	523	523	1,568	8	
9	Building Improvement			2005	59,641		20	2,982	2,982	5,964	9	
10	Installation - Two Electrical Outlets			2007	1,635		20	14	14	14	10	
11	Landscaping			2007	16,681		20	139	139	139	11	
12												12
13	Allocated from Pathway					4,088			(4,088)		13	
14												14
15												15
16	Book Depreciation					594,838			(594,838)		16	
17	TOTAL (lines 1 thru 16)				\$ 12,356,708	\$ 598,926		\$ 363,653	\$ (235,273)	\$ 787,672	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	\$ 842,840	\$	\$ 84,284	84,284	10	\$ 244,606	18
19	Vehicles	16,646		3,329	3,329	5	6,658	19
20	TOTAL (lines 18 and 19)	\$ 859,486	\$	\$ 87,613	87,613		\$ 251,264	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

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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	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	Total Book Depreciation								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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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	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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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	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	Allocated from Pathway		/ /	11,868			5
6			/ /				6
7	TOTAL			\$ 11,868			7

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

9. Rental amount for movable equipment \$ 13,176

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**				Purpose of Loan	Date of Note				
		YES	NO			Original	Balance				
A. Directly Facility Related Long-Term											
1	Relly Mortgage Group		X	HUD Mortgage Loan	/ /	\$	\$ 9,111,420	3/1/45		\$ 546,641	1
2					/ /			/ /			2
3					/ /			/ /			3
Working Capital											
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	\$ 9,111,420			\$ 546,641	7
B. Non-Facility Related											
8	Interest Income		X		/ /			/ /		(25,761)	8
9	Allocated from Pathway				/ /			/ /		1,501	9
10	TOTALS (lines 7, 8 and 9)					\$	\$ 9,111,420			\$ 522,381	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 12/31/2007

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,936,660	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	233,896		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	29,270		6
7	Other Prepaid Expenses	1,979		7
8	Accounts Receivable (owners or related parties)	2,275		8
9	Other(specify): See Attached	865,050		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,069,130	\$	10
	B. Long-Term Assets			
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	458,739		15
16	Equipment, at Historical Cost	866,092		16
17	Accumulated Depreciation (book methods)	(2,143,700)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(45,882)		20
21	Restricted Funds	100,187		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached	426,432		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 12,463,426	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 15,532,556	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 391,843	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	69,531		30
31	Accrued Taxes Payable	94,900		31
32	Accrued Interest Payable	45,405		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	3,500		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 605,179	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	9,111,420		38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 9,111,420	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 9,716,599	\$	45
46	TOTAL EQUITY	\$ 5,815,957	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 15,532,556	\$	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	\$ 4,133,055	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,133,055	3
B. Other Operating Revenue			
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	25,762	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 25,762	14
D. Other Revenue (specify):			
15		10,284	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 10,284	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,169,101	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	806,554	19
20	Health Care/ Personal Care	565,594	20
21	General Administration	1,190,985	21
B. Capital Expense			
22	Ownership	1,188,802	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 3,751,935	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 417,166	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 417,166	31