

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2009  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2009)**

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.

**I.**

Facility Name: Alexian Village of Elk Grove

Address: 975 Martha Street Elk Grove 60007  
Number City Zip Code

County: Cook

Telephone Number: (847) 437-8070 Fax # (708) 481-3572

Federal Employer ID Number: 32-0011030

Date Current Owners were Certified: 1/6/2005

Type of Ownership:

<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>	

In the event there are further questions about this report, please contact:  
Name: Steve Lavenda Telephone Number: (847) 236 - 1111  
Email Address: slavenda@fronline.com

**II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER**

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2009 to 12/31/2009 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.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) \_\_\_\_\_ (Date) \_\_\_\_\_

(Type or Print Name) \_\_\_\_\_

(Title) \_\_\_\_\_

Paid Preparer

(Signed) \_\_\_\_\_ (Date) \_\_\_\_\_

(Print Name and Title) Steven N. Lavenda, C.P.A.

(Firm Name & Address) Frost, Ruttenberg & Rothblatt, P.C.  
111 Pfungsten Road, Suite 300 Deerfield, IL 60015

(Telephone) (847) 236-1111 Fax (847) 236-1155

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

Facility Name Alexian Village Of Elk Grove

Report Period Beginning: 1/1/2009 Ending: 12/31/2009

**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	12,974	22,730		35,704	5
6	Double Unit					6
7	Other					7
8	TOTALS	12,974	22,730		35,704	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 85.81%

**D. Indicate the number of paid bed-hold days the SLF had during this year**

1,181 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 300 (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: 12/31/09 Fiscal Year: 12/31/09

\* 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:

1/1/2009

Ending: 12/31/2009

## 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	303,975	148,508	5,197	457,680	(5,911)	451,769	1
2	Housekeeping, Laundry and Maintenance	103,994	38,202	69,414	211,610	(7,983)	203,627	2
3	Heat and Other Utilities			105,467	105,467	696	106,163	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>407,969</b>	<b>186,710</b>	<b>180,078</b>	<b>774,757</b>	<b>(13,198)</b>	<b>761,559</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	505,306	974	7,664	513,944		513,944	6
7	Activities and Social Services	67,087	3,751	9,567	80,405		80,405	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>572,393</b>	<b>4,725</b>	<b>17,231</b>	<b>594,349</b>		<b>594,349</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	315,459	41,202	1,306,696	1,663,357	(974,341)	689,016	10
11	Marketing Materials, Promotions and Advertising	63,208	95	39,191	102,494	40,848	143,342	11
12	Employee Benefits and Payroll Taxes			248,433	248,433	23,985	272,418	12
13	Insurance-Property, Liability and Malpractice			51,155	51,155	2,608	53,763	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	<b>378,667</b>	<b>41,297</b>	<b>1,645,475</b>	<b>2,065,439</b>	<b>(906,899)</b>	<b>1,158,540</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,359,029</b>	<b>232,732</b>	<b>1,842,784</b>	<b>3,434,545</b>	<b>(920,098)</b>	<b>2,514,447</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			537,111	537,111	(79,386)	457,725	17
18	Interest			538,472	538,472	1,388	539,860	18
19	Real Estate Taxes			92,978	92,978		92,978	19
20	Rent -- Facility and Grounds					22,053	22,053	20
21	Rent -- Equipment			6,935	6,935		6,935	21
22	Other (specify):			61,113	61,113	1,925	63,038	22
23	<b>TOTAL Ownership</b>			<b>1,236,609</b>	<b>1,236,609</b>	<b>(54,020)</b>	<b>1,182,589</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,359,029</b>	<b>232,732</b>	<b>3,079,393</b>	<b>4,671,154</b>	<b>(974,117)</b>	<b>3,697,037</b>	<b>24</b>

Facility Name: Alexian Village Of Elk Grove

Report Period Beginning 1/1/2009

Ending: 12/31/2009

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.00	\$ 25.46	1
2	Licensed Practical Nurses	2.36	24.22	2
3	Certified Nurse Assistants	15.79	10.15	3
4	Activity Director & Assistants	1.79	17.99	4
5	Social Service Workers			5
6	Head Cook	1.00	16.84	6
7	Cook Helpers/Assistants	15.38	8.40	7
8	Dishwashers			8
9	Maintenance Workers	1.43	14.93	9
10	Housekeepers	3.34	8.59	10
11	Laundry			11
12	Managers			12
13	Other Administrative	8.46	17.93	13
14	Clerical			14
15	Marketing	1.02	29.72	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>51.58</b>	<b>\$ 12.67</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	Brian Cloch	29%	3.6	\$ 4,085	1
2	Jerry Finis	29%	3.6	5,793	2
3	Robert Helle	13%			3
4	E. Keledjian	29%			4
5					5
				<b>Total</b>	<b>\$ 9878 6</b>

VI. (B) Management fees paid to unrelated parties

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

1/1/2009

Ending:

12/31/2009

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	\$ 537,111	35	\$ 337,893	\$ (199,218)	\$ 1,389,465	1
2	Allocated from Pathway					1,571			(1,571)		2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Total From Supplemental Page 5's				538,144			26,144	26,144	125,897	6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 12,364,386	\$ 538,682		\$ 364,037	\$ (174,645)	\$ 1,515,362	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	\$ 903,588	\$	\$ 90,359	90,359	10	\$ 421,213	18
19	Vehicles	16,646		3,329	3,329	5	13,317	19
20	TOTAL (lines 18 and 19)	\$ 920,234	\$	\$ 93,688	93,688		\$ 434,530	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:

1/1/2009

Ending:

12/31/2009

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	Land Improvements	2004	442,058		20	22,103	22,103	110,515	2
3	Sign	2005	10,451		20	523	523	2,613	3
4	Building Improvement	2005	59,641		20	2,982	2,982	11,928	4
5	Installation - Two Electrical Outlets	2007	1,635		20	14	14	41	5
6	Landscaping	2007	16,681		20	139	139	417	6
7	Parking Lot Paving	2009	4,798		20	240	240	240	7
8	Canopy Repairs	2009	2,880		20	144	144	144	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)		\$ 538,144	\$		\$ 26,144	\$ 26,144	\$ 125,897	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:

1/1/2009

Ending:

12/31/2009

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.

Facility Name & ID Number Alexian Village Of Elk Grove

Report Period Beginning:

1/1/2009

Ending:

12/31/2009

**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.

Facility Name: Alexian Village Of Elk Grove

Report Period Beginning: 1/1/2009

Ending: 2/31/2009

**IX. RENTAL COSTS****A. Building and Fixed Equipment**1. Name of Party Holding Lease: N/A2. 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			/ /	22,053			5
6				/ /				6
7	<b>TOTAL</b>				\$ 22,053			7

8. Is movable equipment rental included in building rental?  YES  NO9. Rental amount for movable equipment \$ 6,934

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	Wells Fargo		X	HUD Mortgage Loan	4/1/05	\$ 9,279,000	\$ 8,971,069	3/1/45	5.9800	\$ 538,472	1
2					/ /			/ /			2
3					/ /			/ /			3
	<b>Working Capital</b>										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	<b>TOTAL Facility Related</b>					\$ 9,279,000	\$ 8,971,069			\$ 538,472	7
	<b>B. Non-Facility Related</b>										
8	Interest Income				/ /			/ /			-4,052
9	Allocated From Pathway				/ /			/ /			5,440
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 9,279,000	\$ 8,971,069			\$ 539,860	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.

Facility Name: Alexian Village Of Elk Grove

Report Period Beginning: 1/1/2009

Ending:

12/31/2009

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/09

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 1,402,372	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	408,264		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	49,021		6
7	Other Prepaid Expenses	9,836		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <a href="#">See Attached</a>	1,135,844		9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 3,005,337	\$	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	458,739		15
16	Equipment, at Historical Cost	926,840		16
17	Accumulated Depreciation (book methods)	(3,273,010)		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): <a href="#">See Attached</a>	841,469		23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 11,755,596	\$	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 14,760,933	\$	25

\*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 911,418	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	76,710		29
30	Accrued Salaries Payable	47,444		30
31	Accrued Taxes Payable	103,663		31
32	Accrued Interest Payable	44,706		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36	<a href="#">See Attached</a>	29,388		36
37	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 36)	\$ 1,213,329	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	8,894,359		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</b> (sum of lines 38 thru 43)	\$ 8,894,359	\$	44
45	<b>TOTAL LIABILITIES</b> (sum of lines 37 and 44)	\$ 10,107,688	\$	45
46	<b>TOTAL EQUITY</b>	\$ 4,653,245	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 45 and 46)	\$ 14,760,933	\$	47

Facility Name: Alexian Village Of Elk Grove

Report Period Beginning: 1/1/2009

Ending:

12/31/2009

**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	\$ 4,419,483	1
2	Discounts and Allowances		2
<b>SUBTOTAL Resident Care</b>			
3	(line 1 minus line 2)	\$ 4,419,483	3
<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	443	8
9	Non-Resident Meals	5,911	9
10	Laundry		10
<b>SUBTOTAL OTHER OPERATING REVENUE</b>			
11	(sum of lines 4 thru 10)	\$ 6,354	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	4,052	13
<b>SUBTOTAL Non-Operating Revenue</b>			
14	(sum of lines 12 and 13)	\$ 4,052	14
<b>D. Other Revenue (specify):</b>			
15	See Attached	11,611	15
16			16
<b>SUBTOTAL Other Revenue</b>			
17	(sum of lines 15 and 16)	\$ 11,611	17
<b>TOTAL REVENUE</b>			
18	(sum of lines 3, 11, 14 and 17)	\$ 4,441,500	18

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	774,757	19
20	Health Care/ Personal Care	594,349	20
21	General Administration	2,065,439	21
<b>B. Capital Expense</b>			
22	Ownership	1,236,609	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
<b>TOTAL EXPENSES</b>			
28	(sum of lines 19 thru 27)	\$ 4,671,154	28
<b>Income Before Income Taxes</b>			
29	(line 18 minus line 28)	\$ (229,654)	29
<b>Income Taxes</b>			
30		\$	30
<b>NET INCOME OR LOSS FOR THE YEAR</b>			
31	(line 29 minus line 30)	\$ (229,654)	31