

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2012  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2012)**

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 Village</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 style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td style="width:33%; border: none;"><input checked="" type="checkbox"/> PROPRIETARY</td> <td style="width:33%; border: none;"><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Charitable Corp.</td> <td style="border: none;"><input type="checkbox"/> Individual</td> <td style="border: none;"><input type="checkbox"/> State</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"><input type="checkbox"/> Partnership</td> <td style="border: none;"><input type="checkbox"/> County</td> </tr> <tr> <td style="border: none;"><b>IRS Exemption Code</b> _____</td> <td style="border: none;"><input type="checkbox"/> Corporation</td> <td style="border: none;"><input type="checkbox"/> Other _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> "Sub-S" Corp.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Limited Liability Co.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input checked="" type="checkbox"/> Other <u>Limited Partnership</u></td> <td style="border: none;"></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>1/1/2012</u> to <u>12/31/2012</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 style="width:100%; border: none;"> <tr> <td style="width:20%; border: none;"><b>Officer or Administrator of Provider</b></td> <td style="border: none;">(Signed) _____</td> <td style="border: none;">(Date) _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Type or Print Name) _____</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Title) _____</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><b>Paid Preparer</b></td> <td style="border: none;">(Signed) _____</td> <td style="border: none;">(Date) _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Firm Name &amp; Address) <u>Frost, Ruttenberg &amp; Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Telephone) <u>(847) 236-1111</u> <b>Fax</b> <u>(847) 236-1155</u></td> <td style="border: none;"></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>	
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Facility Name Alexian Village Of Elk Grove

Report Period Beginning: 1/1/2012 Ending: 12/31/2012

**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	41,724	1
2		Double Unit Apartment			2
3		Other			3
4	114	TOTALS	114	41,724	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	13,423	23,556		36,979	5
6	Double Unit					6
7	Other					7
8	TOTALS	13,423	23,556		36,979	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 88.63%

**D. Indicate the number of paid bed-hold days the SLF had during this year** 225 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 7 (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: 12/31/2012 Fiscal Year: 12/31/2012

\* 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:

1/1/2012

Ending: 12/31/2012

## 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	199,315	182,798	157,564	539,677	(5,408)	534,269	1
2	Housekeeping, Laundry and Maintenance	124,468	33,244	84,230	241,942	10,081	252,023	2
3	Heat and Other Utilities			101,027	101,027	319	101,346	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>323,783</b>	<b>216,042</b>	<b>342,821</b>	<b>882,646</b>	<b>4,992</b>	<b>887,638</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	573,177	1,028	18,486	592,691		592,691	6
7	Activities and Social Services	40,553	4,286	19,791	64,630	(500)	64,130	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>613,730</b>	<b>5,314</b>	<b>38,277</b>	<b>657,321</b>	<b>(500)</b>	<b>656,821</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	200,468	15,054	1,914,834	2,130,356	(1,531,599)	598,757	10
11	Marketing Materials, Promotions and Advertising	68,828	850	35,214	104,892	32,092	136,984	11
12	Employee Benefits and Payroll Taxes			227,415	227,415		227,415	12
13	Insurance-Property, Liability and Malpractice			38,308	38,308	639	38,947	13
14	Other (specify):					20,055	20,055	14
15	<b>TOTAL General Administration</b>	<b>269,296</b>	<b>15,904</b>	<b>2,215,771</b>	<b>2,500,971</b>	<b>(1,478,813)</b>	<b>1,022,158</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,206,809</b>	<b>237,260</b>	<b>2,596,869</b>	<b>4,040,938</b>	<b>(1,474,322)</b>	<b>2,566,616</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			484,642	484,642	129,883	614,525	17
18	Interest			348,989	348,989	(14,254)	334,735	18
19	Real Estate Taxes			86,305	86,305		86,305	19
20	Rent -- Facility and Grounds			410	410	12,827	13,237	20
21	Rent -- Equipment			20,569	20,569	151	20,720	21
22	Other (specify):			326,461	326,461		326,461	22
23	<b>TOTAL Ownership</b>			<b>1,267,376</b>	<b>1,267,376</b>	<b>128,607</b>	<b>1,395,983</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,206,809</b>	<b>237,260</b>	<b>3,864,245</b>	<b>5,308,314</b>	<b>(1,345,714)</b>	<b>3,962,600</b>	<b>24</b>

## Alexian Village Of Elk Grove

Report Period Beginning: 1/1/2012  
Ending: 12/31/2012

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ 129,883	17	1
2	Guest Meals	(1,655)	01	2
3	Employee Meals	(3,753)	01	3
4	Beauty and Barber	(2,088)	10	4
5	Damage Recovery	(5,639)	10	5
6	Misc. Concession	(33)	10	6
7	Pet Fee	(500)	07	7
8	NSF Fees	(60)	10	8
9	Other Income	(4,259)	10	9
10	Bank Service Charges	(2,900)	10	10
11	Charitable Contributions	(1,690)	10	11
12	Resident Gifts	(867)	10	12
13	Resident Reimbursables	(42)	10	13
14	Bad Debt	(21,416)	10	14
15	Cable TV	(2,115)	10	15
16	Refinancing Fees	(264,444)	10	16
17	Asset Management Fee	(43,046)	10	17
18	Incentive Management Fee	(1,103,700)	10	18
19	Partnership Misc Expense	(31,000)	10	19
20	Interest Income	(14,254)	18	20
21	Meals & Entertainment	(959)	10	21
22	Additional R&M	7,606	02	22
23				23
24				24
25	PATHWAY MANAGEMENT LLC:			25
26	Maintenance	161	02	26
27	Utilities	269	03	27
28	Administrative	83,731	10	28
29	Marketing Material	18,130	11	29
30	Insurance	55	13	30
31	Employee Benefits	10,622	14	31
32	Rent- Building	8,908	20	32
33	Rent- Equipment	71	21	33
34				34
35				35
36	PATHWAY SENIOR LIVING LLC:			36
37	Maintenance	2,314	02	37
38	Utilities	50	03	38
39	Administrative	95,899	10	39
40	Marketing Material	13,962	11	40
41	Insurance	584	13	41
42	Employee Benefits	9,433	14	42
43	Rent- Building	3,919	20	43
44	Rent- Equipment	80	21	44
45	Management Fee	(167,874)	10	45
46	Service Provider Fee	(59,098)	10	46
47				47
48				48
49				49
50				50
51				51
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93				93
94				94
95				95
96				96
97				97
98				98
99				99
100				100
101	<b>Total</b>		(1,345,714)	101

Facility Name: Alexian Village Of Elk Grove

Report Period Beginning 1/1/2012 Ending: 12/31/2012

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.16	\$ 25.46	1
2	Licensed Practical Nurses	2.40	26.45	2
3	Certified Nurse Assistants	16.41	11.12	3
4	Activity Director & Assistants	1.03	18.99	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	10.20	9.39	7
8	Dishwashers			8
9	Maintenance Workers	1.33	28.65	9
10	Housekeepers	2.46	8.87	10
11	Laundry			11
12	Managers			12
13	Other Administrative	2.65	36.41	13
14	Clerical			14
15	Marketing	1.11	29.72	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>38.75</b>	<b>\$ 14.97</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	29%	2.03	\$ 7,833	1
2					2
3					3
4					4
5					5
				<b>Total</b>	<b>\$ 7833 6</b>

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	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:

1/1/2012

Ending:

12/31/2012

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	\$ 484,642	35	\$ 337,893	\$ (146,749)	\$ 2,403,144	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Total From Supplemental Page 5's				114,876			4,981	4,981	30,148	6
7	Various			2004	442,058		20	176,823	176,823		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)				\$ 12,383,176	\$ 484,642		\$ 519,696	\$ 35,054	\$ 2,433,292	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	\$ 948,547	\$	\$ 94,829	94,829	10	\$ 701,551	18
19	Vehicles	16,646				5	16,646	19
20	TOTAL (lines 18 and 19)	\$ 965,193	\$	\$ 94,829	94,829		\$ 718,197	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:

1/1/2012 Ending:

12/31/2012

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	Sign	2005	10,451		20	523	523	4,180	2
3	Building Improvement	2005	59,641		20	2,982	2,982	20,874	3
4	Installation - Two Electrical Outlets	2007	1,635		20	14	14	82	4
5	Landscaping	2007	16,681		20	139	139	834	5
6	Parking Lot Paving	2009	4,798		20	240	240	960	6
7	Canopy Repairs	2009	2,880		20	144	144	576	7
8	Com Room Expansion	2010	3,040		20	152	152	456	8
9	Com Room Expansion	2010	10,210		20	511	511	1,532	9
10	Shed	2010	2,000		20	100	100	300	10
11	Fence	2011	3,540		20	177	177	354	11
12									12
13									13
14									14
15									15
16									16
17									17
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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)		\$ 114,876	\$		\$ 4,981	\$ 4,981	\$ 30,148	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:

1/1/2012

Ending:

12/31/2012

**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	
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26								26	
27								27	
28								28	
29								29	
30								30	
31								31	
32								32	
33								33	
34	<b>TOTAL (lines 1 thru 33)</b>		\$	\$		\$	\$	\$	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:

1/1/2012

Ending:

12/31/2012

**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	<b>TOTAL (lines 1 thru 33)</b>		\$	\$		\$	\$	\$	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: 1/1/2012

Ending: 2/31/2012

**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			/ /	410			5
6	Allocated from Pathway			/ /	12,827			6
7	<b>TOTAL</b>				\$ 13,237			7

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

9. Rental amount for movable equipment \$ 20,720

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	\$ 9,155,491	3/1/45	3.6000	\$ 348,989	
2					/ /			/ /			
3					/ /			/ /			
	<b>Working Capital</b>										
4					/ /			/ /			
5					/ /			/ /			
6					/ /			/ /			
7	<b>TOTAL Facility Related</b>					\$ 9,279,000	\$ 9,155,491			\$ 348,989	
	<b>B. Non-Facility Related</b>										
8	Interest Income		X		/ /			/ /		-14,254	
9					/ /			/ /			
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 9,279,000	\$ 9,155,491			\$ 334,735	

\* 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: 1/1/2012

Ending: 12/31/2012

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2012

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 2,500,886	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	304,510		3
4	Supply Inventory (priced at )	6,360		4
5	Short-Term Investments			5
6	Prepaid Insurance	31,092		6
7	Other Prepaid Expenses	14,114		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <a href="#">See Attached</a>	1,479,966		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 4,336,928	\$	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	475,529		15
16	Equipment, at Historical Cost	981,404		16
17	Accumulated Depreciation (book methods)	(4,725,017)		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>	118,482		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 9,651,956	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 13,988,884	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 1,216,133	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	120,352		30
31	Accrued Taxes Payable	90,989		31
32	Accrued Interest Payable	27,466		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>	210,130		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 1,665,070	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	9,155,491		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>	\$ 9,155,491	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 10,820,561	\$	45
46	<b>TOTAL EQUITY</b>	\$ 3,168,323	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 13,988,884	\$	47

\*(See instructions.)

Facility Name: Alexian Village Of Elk Grove

Report Period Beginning: 1/1/2012

Ending:

12/31/2012

## 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	\$ 4,668,822	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 4,668,822</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	5,408	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 5,408</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	14,254	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 14,254</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	See Attached	21,531	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 21,531</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 4,710,015</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	882,646	19
20	Health Care/ Personal Care	657,321	20
21	General Administration	2,500,971	21
<b>B. Capital Expense</b>			
22	Ownership	1,267,376	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>\$ 5,308,314</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (598,299)</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>\$ (598,299)</b>	<b>31</b>



