

		FOR BHF USE			

LL2

Supportive Living Facility

**2013
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2013)**

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. Facility ID Number: <u>1000044</u></p> <p>Facility Name: <u>Alexian Village of Elk Grove</u></p> <p>Address: <u>975 Martha Street</u> <u>Elk Grove</u> <u>60007</u> <small>Number City Zip Code</small></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: _____</p> <p>Date Current Owners were Certified: <u>1/6/2005</u></p> <p>Type of Ownership:</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;">IRS Exemption Code _____</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>In the event there are further questions about this report, please contact: Name: <u>Steve Lavenda</u> Telephone Number: <u>(847) 236 - 1111</u> Email Address: _____</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>1/1/2013</u> to <u>12/31/2013</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;">Officer or Administrator of Provider</td> <td style="border: none;">(Signed) _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Type or Print Name) _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Date) _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Title) _____</td> </tr> <tr> <td style="border: none;">Paid Preparer</td> <td style="border: none;">(Signed) _____</td> </tr> <tr> <td style="border: none;"></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> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u></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 Phone # (217) 782-1630</p>	Officer or Administrator of Provider	(Signed) _____		(Type or Print Name) _____		(Date) _____		(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>
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Facility Name Alexian Village of Elk Grove

Report Period Beginning: 1/1/2013 Ending: 12/31/2013

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	12,218	21,723		33,941	5
6	Double Unit					6
7	Other					7
8	TOTALS	12,218	21,723		33,941	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 81.57%

D. Indicate the number of paid bed-hold days the SLF had during this year 134 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 10 (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: 12/31/13 Fiscal Year: 12/31/13

* 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:

1/1/2013

Ending: 12/31/2013

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	221,678	188,564	135,493	545,735	(4,691)	541,045	1
2	Housekeeping, Laundry and Maintenance	133,751	43,325	65,324	242,400	15,296	257,696	2
3	Heat and Other Utilities			91,931	91,931	231	92,162	3
4	Other (specify):							4
5	TOTAL General Services	355,429	231,889	292,748	880,066	10,837	890,903	5
B. Health Care and Programs								
6	Health Care/ Personal Care	584,513	480	16,446	601,439	8,728	610,167	6
7	Activities and Social Services	40,717	4,079	18,474	63,270	8,001	71,271	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	625,230	4,559	34,920	664,709	16,729	681,438	9
C. General Administration								
10	Administrative and Clerical	217,718	14,728	1,716,978	1,949,424	(1,341,584)	607,840	10
11	Marketing Materials, Promotions and Advertising	80,519	668	50,959	132,146	28,838	160,984	11
12	Employee Benefits and Payroll Taxes			223,425	223,425		223,425	12
13	Insurance-Property, Liability and Malpractice			38,622	38,622	766	39,388	13
14	Other (specify):					22,924	22,924	14
15	TOTAL General Administration	298,237	15,396	2,029,984	2,343,617	(1,289,055)	1,054,562	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,278,896	251,844	2,357,652	3,888,392	(1,261,490)	2,626,902	16
Capital Expenses								
D. Ownership								
17	Depreciation			484,642	484,642	(18,097)	466,545	17
18	Interest			326,627	326,627	(22,259)	304,368	18
19	Real Estate Taxes			106,117	106,117		106,117	19
20	Rent -- Facility and Grounds			356	356	14,214	14,570	20
21	Rent -- Equipment			27,390	27,390	157	27,547	21
22	Other (specify): Mortgage Insurance Premium/Amort			52,176	52,176		52,176	22
23	TOTAL Ownership			997,308	997,308	(25,985)	971,323	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,278,896	251,844	3,354,960	4,885,700	(1,287,475)	3,598,225	24

Alexian Village of Elk Grove

Report Period Beginning: 1/1/2013
Ending: 12/31/2013

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ (18,097)	17	1
2	Guest Meals	(1,841)	01	2
3	Employee Meals	(2,863)	01	3
4	Maintenance Fees	(280)	02	4
5	Damage Recovery	(104)	10	5
6	Misc Concession	(55)	10	6
7	Pet Fee	(250)	07	7
8	Other Income	(7,035)	10	8
9	Meals & Entertainment	(588)	11	9
10	Bank Service Charges	(2,250)	10	10
11	Charitable Contributions	(748)	10	11
12	Resident Gifts	(806)	10	12
13	Resident Reimbursables	(277)	10	13
14	Bad Debt - Medicaid	(22,872)	10	14
15	Cable TV	(2,689)	10	15
16	Meals & Entertainment	(14)	11	16
17	Additional R&M	6,199	02	17
18	Asset Management Fee	(44,338)	10	18
19	Incentive Management Fee	(1,169,148)	10	19
20	Partnership Misc Expense	(31,000)	10	20
21	Interest Income - Escrows	(1,592)	18	21
22	Interest Income	(20,668)	18	22
23				23
24				24
25				25
26	Pathway Management LLC			26
27	Dietary	13	01	27
28	Mainenance	6,009	02	28

29	Utilities	231	03	29
30	Health Care / Personal Care	5,858	06	30
31	Community Life	1,596	07	31
32	Administrative	88,248	10	32
33	Marketing	14,123	11	33
34	Insurance	2	13	34
35	Employee Benefits	11,344	14	35
36	Rent - Building	13,279	20	36
37	Rent - Equipment	58	21	37
38				38
39	Pathway Senior Living LLC			39
40	Management Fees	(181,019)	10	40
41	Service Provider Fee	(57,504)	10	41
42	Maintenance	3,368	02	42
43	Health Care / Personal Care	2,870	06	43
44	Community Life	6,655	07	44
45	Administrative	90,014	10	45
46	Marketing	15,317	11	46
47	Insurance	764	13	47
48	Employee Benefits	11,580	14	48
49	Rent - Building	935	20	49
50	Rent - Equipment	99	21	50
51				51
52				52
	Total	(1,287,475)		101

Facility Name: Alexian Village of Elk Grove

Report Period Beginning 1/1/2013 Ending: 12/31/2013

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2.00	\$ 25.39	1
2	Licensed Practical Nurses	2.16	24.71	2
3	Certified Nurse Assistants	16.23	10.91	3
4	Activity Director & Assistants	1.00	19.58	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	10.07	10.58	7
8	Dishwashers			8
9	Maintenance Workers	1.43	28.65	9
10	Housekeepers	2.56	9.13	10
11	Laundry			11
12	Managers			12
13	Other Administrative	2.88	36.41	13
14	Clerical			14
15	Marketing	1.30	29.72	15
16	Other			16
17	Total (lines 1 thru 16)	39.62	\$ 15.52	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	Jerry Finis	29%	2.12	\$ 2,095	1
2					2
3					3
4					4
5					5
				Total	\$ 2,095 6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	N/A	\$ 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).

Facility Name: Alexian Village of Elk Grove

Report Period Beginning:

1/1/2013

Ending:

12/31/2013

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)	\$ 2,741,037	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				64,888			2,481	2,481	7,575	6
7	Various		2004		442,058		20	22,103	22,103	198,926	7
8	Various		2005		70,092		20	3,505	3,505	28,559	8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 12,403,280	\$ 484,642		\$ 365,981	\$ (118,661)	\$ 2,976,097	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	\$ 1,005,899	\$	\$ 100,564	100,564	10	\$ 802,115	18
19	Vehicles	16,646				5	16,646	19
20	TOTAL (lines 18 and 19)	\$ 1,022,545	\$	\$ 100,564	100,564		\$ 818,761	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

9	
Accumulated	
depreciation	
	1
96	2
973	3
1,200	4
720	5
608	6
2,043	7
400	8
531	9
128	10
487	11
390	12
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7,575	34

STATE OF ILLINOIS

Facility Name & ID Number Alexian Village of Elk Grove

Report Period Beginning:

1/1/2013 Ending:

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	Ac
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	De
1							
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31							
32							
33							
34	TOTAL (lines 1 thru 33)		\$	\$	\$	\$	\$

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

9 Accumulated Depreciation	
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STATE OF ILLINOIS

Facility Name & ID Number Alexian Village of Elk Grove

Report Period Beginning:

1/1/2013 Ending:

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	Ac
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	De
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33							
34	TOTAL (lines 1 thru 33)		\$	\$	\$	\$	\$

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

9 Accumulated Depreciation	
	1
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Facility Name: Alexian Village of Elk Grove

Report Period Beginning: 1/1/2013

Ending: 2/31/2013

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			/ /	356			5
6	Pathway SL & Mgmt Alloc.			/ /	14,214			6
7	TOTAL				\$ 14,570			7

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

9. Rental amount for movable equipment \$ 27,547

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					
	A. Directly Facility Related											
	Long-Term											
1	Greystone		X	1st Mortgage	4/1/12	\$ 9,279,000	\$ 9,002,312	3/1/45	3.6000	\$ 326,627	1	
2					/ /			/ /			2	
3					/ /			/ /			3	
	Working Capital											
4					/ /			/ /			4	
5					/ /			/ /			5	
6					/ /			/ /			6	
7	TOTAL Facility Related					\$ 9,279,000	\$ 9,002,312			\$ 326,627	7	
	B. Non-Facility Related											
8	Interest Income - Escrows		X		/ /			/ /			-1,592	8
9	Interest Income		X		/ /			/ /			-20,668	9
10	TOTALS (lines 7, 8 and 9)					\$ 9,279,000	\$ 9,002,312			\$ 304,368	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: 1/1/2013

Ending:

12/31/2013

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2013

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 2,414,139	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	442,375		3
4	Supply Inventory (priced at)	6,360		4
5	Short-Term Investments			5
6	Prepaid Insurance	41,271		6
7	Other Prepaid Expenses	14,744		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	1,705,863		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,624,752	\$	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	528,066		15
16	Equipment, at Historical Cost	1,012,521		16
17	Accumulated Depreciation (book methods)	(5,209,659)		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):	108,875		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 9,241,361	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 13,866,113	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,309,354	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	128,103		30
31	Accrued Taxes Payable	105,710		31
32	Accrued Interest Payable	27,007		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	268,828		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,839,002	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	9,002,312		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)	\$ 9,002,312	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,841,314	\$	45
46	TOTAL EQUITY	\$ 3,024,799	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 13,866,113	\$	47

*(See instructions.)

Facility Name: Alexian Village of Elk Grove

Report Period Beginning: 1/1/2013

Ending:

12/31/2013

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	\$ 4,970,431	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,970,431	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	4,704	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 4,704	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	22,260	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 22,260	14
D. Other Revenue (specify):			
15	See Attached	20,703	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 20,703	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 5,018,098	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	880,066	19
20	Health Care/ Personal Care	664,709	20
21	General Administration	2,343,617	21
B. Capital Expense			
22	Ownership	997,308	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)	\$ 4,885,700	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 132,398	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 132,398	31

