

		FOR BHF USE			

LL2

Supportive Living Facility

**2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2015)**

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%"> <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) 282 - 6300</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>1/1/2015</u> to <u>12/31/2015</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%"> <tr> <td style="width:20%; vertical-align: top;"> Officer or Administrator of Provider </td> <td> (Signed) _____ (Type or Print Name) _____ (Title) _____ </td> </tr> <tr> <td style="vertical-align: top;"> Paid Preparer </td> <td> (Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) <u>Marcum LLP</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u> (Telephone) <u>(847) 282-6300</u> Fax <u>(847) 282-6301</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) _____ (Title) _____	Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) <u>Marcum LLP</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u> (Telephone) <u>(847) 282-6300</u> Fax <u>(847) 282-6301</u>
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Facility Name Alexian Village of Elk Grove

Report Period Beginning: 1/1/2015 Ending: 12/31/2015

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	94	Single Unit Apartment	94	34,310	1
2	10	Double Unit Apartment	10	3,650	2
3		Other			3
4	104	TOTALS	104	37,960	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	12,082	21,478		33,560	5
6	Double Unit	222	392		614	6
7	Other					7
8	TOTALS	12,304	21,870		34,174	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 90.03%

D. Indicate the number of paid bed-hold days the SLF had during this year 275 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 34 (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: 12/31/15 Fiscal Year: 12/31/15

* 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:

1/1/2015

Ending: 12/31/2015

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	272,027	226,680	25,381	524,088	5,992	530,080	1
2	Housekeeping, Laundry and Maintenance	143,578	45,547	97,847	286,972	8,479	295,451	2
3	Heat and Other Utilities			128,801	128,801	237	129,038	3
4	Other (specify):							4
5	TOTAL General Services	415,605	272,227	252,029	939,861	14,709	954,570	5
B. Health Care and Programs								
6	Health Care/ Personal Care	631,241	463	47,468	679,172	13,229	692,401	6
7	Activities and Social Services	44,408	3,966	33,641	82,015	8,763	90,778	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	675,649	4,429	81,109	761,187	21,992	783,179	9
C. General Administration								
10	Administrative and Clerical	179,986	20,025	1,797,811	1,997,822	(1,367,268)	630,554	10
11	Marketing Materials, Promotions and Advertising	80,135	1,341	82,929	164,405	40,669	205,074	11
12	Employee Benefits and Payroll Taxes			274,099	274,099		274,099	12
13	Insurance-Property, Liability and Malpractice			44,938	44,938	8,885	53,823	13
14	Other (specify):					27,839	27,839	14
15	TOTAL General Administration	260,121	21,366	2,199,777	2,481,264	(1,289,876)	1,191,388	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,351,375	298,022	2,532,915	4,182,312	(1,253,175)	2,929,137	16
Capital Expenses								
D. Ownership								
17	Depreciation			496,512	496,512	(97,199)	399,313	17
18	Interest			315,175	315,175	(1,305)	313,870	18
19	Real Estate Taxes			62,066	62,066		62,066	19
20	Rent -- Facility and Grounds			1,178	1,178	9,621	10,799	20
21	Rent -- Equipment			17,609	17,609	230	17,839	21
22	Other (specify): Mortgage Insurance/Amortization			47,116	47,116		47,116	22
23	TOTAL Ownership			939,656	939,656	(88,653)	851,003	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,351,375	298,022	3,472,571	5,121,968	(1,341,828)	3,780,140	24

Alexian Village of Elk Grove

Report Period Beginning: 1/1/2015
Ending: 12/31/2015

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ (97,707)	17	1
2	Guest Meals	(1,000)	01	2
3	Employee Meals	(1,675)	01	3
4	Maintenance Fees	(166)	02	4
5	Misc Concession	(578)	10	5
6	NSF Fees	(120)	10	6
7	Other Income	(5,045)	10	7
8	Meals & Entertainment	(700)	11	8
9	Bank Service Charges	(2,367)	10	9
10	Charitable Contributions	(629)	10	10
11	Resident Gifts	(68)	10	11
12	Resident Reimbursables	(23)	10	12
13	Bad Debt - Tenant	(27,282)	10	13
14	Bad Debt - Medicaid	(19,337)	10	14
15	Cable TV	(2,802)	10	15
16	Management Fees	(176,851)	10	16
17	Service Provider Fee	(66,979)	10	17
18	Pet Fee	(250)	07	18
19	Asset Management Fee	(47,037)	10	19
20	Incentive Management Fee	(1,173,896)	10	20
21	Partnership Misc Exp	(31,000)	10	21
22	Interest Income - Escrows	(602)	18	22
23	Interest Income	(703)	18	23
24	Additional R&M	7,274	02	24
25	Capitalized R&M	(3,200)	02	25
26	Damage Recovery	(257)	10	26
27				27
28	Late Fees/Finance Charges	(1,471)	10	28

29	Termination Fee	(6,693)	10	29
30				30
31	PATHWAY MANAGEMENT LLC:			31
32	Maintenance	3,628	02	32
33	Utilities	237	03	33
34	Health Care/ Personal Care	5,251	06	34
35	Comumunity Life	1,542	07	35
36	Administrative	100,300	10	36
37	Marketing	18,482	11	37
38	Insurance	123	13	38
39	Employee Benefits	12,814	14	39
40	Depreciation	508	17	40
41	Rent- Building	8,687	20	41
42	Rent- Equipment	53	21	42
43				43
44	PATHWAY SENIOR LIVING LLC:			44
45	Dietary	8,667	01	45
46	Maintenance	943	02	46
47	Health Care/ Personal Care	7,978	06	47
48	Comumunity Life	7,471	07	48
49	Administrative	94,868	10	49
50	Marketing	22,887	11	50
51	Insurance	8,762	13	51
52	Employee Benefits	15,025	14	52
53	Rent - Building	934	20	53
54	Rent - Equipment	177	21	54
55				55
56				56
57				57
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101	Total	(1,341,828)	101
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Facility Name: Alexian Village of Elk Grove

Report Period Beginning 1/1/2015 Ending: 12/31/2015

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.68	\$ 26.73	1
2	Licensed Practical Nurses	2.30	25.08	2
3	Certified Nurse Assistants	15.80	12.71	3
4	Activity Director & Assistants	1.13	18.88	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	10.82	12.09	7
8	Dishwashers			8
9	Maintenance Workers	2.08	20.66	9
10	Housekeepers	2.66	9.80	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.17	20.73	13
14	Clerical			14
15	Marketing	1.08	35.62	15
16	Other			16
17	Total (lines 1 thru 16)	41.73	\$ 15.57	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	0.001415%	2.03	\$ 6,017	1
2					2
3					3
4					4
5					5
Total				\$ 6017	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? \$ _____
 (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:

1/1/2015

Ending:

12/31/2015

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	\$ 497,020	35	\$ 337,893	\$ (159,127)	\$ 3,416,823	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				235,838			11,792	11,792	21,910	6
7	Various		2004		442,058		20	22,103	22,103	243,132	7
8	Various		2005		70,092		20	3,505	3,505	35,568	8
9	Various		2007		18,316		20	153	153	1,374	9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 12,592,546	\$ 497,020		\$ 375,445	\$ (121,576)	\$ 3,718,808	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	\$ 1,021,346	\$	\$ 23,869	23,869	10	\$ 927,334	18
19	Vehicles	16,646				5	16,646	19
20	TOTAL (lines 18 and 19)	\$ 1,037,992	\$	\$ 23,869	23,869		\$ 943,980	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

STATE OF ILLINOIS

Facility Name & ID Number Alexian Village of Elk Grove

Report Period Beginning: 1/1/2015 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							
2	Parking Lot Paving	2009	4,798	20	240	240	
3	Canopy Repairs	2009	2,880	20	144	144	
4	Com Room Expansion	2010	3,040	20	152	152	
5	Com Room Expansion	2010	10,210	20	511	511	
6	Shed	2010	2,000	20	100	100	
7	Fence	2011	3,540	20	177	177	
8	Flooring In Wellness & Md Office	2013	2,563	20	128	128	
9	Compressor	2013	9,740	20	487	487	
10	Outside Painting 20 Dormers, A Cupola & A Fireplace	2013	7,800	20	390	390	
11	Cement & Sewer Repairs	2014	8,263	20	413	413	
12	Dining Room Floor	2014	14,720	20	736	736	
13	Professional Paving	2014	2,680	20	134	134	
14	Driveway Repaving	2015	4,428	20	221	221	
15	Shed Purchase	2015	3,513	20	176	176	
16	Phone System	2015	20,056	20	1,003	1,003	
17	Phone System	2015	19,409	20	970	970	
18	Interior Painting	2015	18,260	20	913	913	
19	Nurse Call System	2015	38,533	20	1,927	1,927	
20	Building Painting	2015	19,590	20	980	980	
21	Nurse Call System	2015	28,591	20	1,430	1,430	
22	Nurse Call	2015	8,024	20	401	401	
23	Compressor Repair	2015	3,200	20	160	160	
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34	TOTAL (lines 1 thru 33)		\$ 235,838	\$	\$ 11,792	\$ 11,792	\$

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

9	
Accumulated depreciation	
	1
1,680	2
1,008	3
912	4
3,064	5
600	6
885	7
384	8
1,461	9
1,170	10
826	11
1,472	12
268	13
221	14
176	15
1,003	16
970	17
913	18
1,927	19
980	20
1,430	21
401	22
160	23
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21,910	34

STATE OF ILLINOIS

Facility Name & ID Number Alexian Village of Elk Grove

Report Period Beginning:

1/1/2015 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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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:

1/1/2015 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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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
	2
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Facility Name: Alexian Village of Elk Grove

Report Period Beginning: 1/1/2015

Ending: 2/31/2015

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			/ /	1,178			5
6	Allocatd from Pathway			/ /	9,621			6
7	TOTAL				\$ 10,799			7

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

9. Rental amount for movable equipment \$ 17,839

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	\$ 8,678,930	3/1/45	3.6000	\$ 315,175	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 9,279,000	\$ 8,678,930			\$ 315,175	7
	B. Non-Facility Related										
8	Interest Income - Escrows		X		/ /			/ /			-602
9	Interest Income		X		/ /			/ /			-703
10	TOTALS (lines 7, 8 and 9)					\$ 9,279,000	\$ 8,678,930			\$ 313,870	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: 1/1/2015

Ending: 12/31/2015

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 2,195,142	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	266,411		3
4	Supply Inventory (priced at)	6,360		4
5	Short-Term Investments			5
6	Prepaid Insurance	56,057		6
7	Other Prepaid Expenses	18,661		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	1,536,253		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,078,884	\$	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	678,882		15
16	Equipment, at Historical Cost	1,072,006		16
17	Accumulated Depreciation (book methods)	(6,176,591)		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):	97,066		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,472,921	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 12,551,805	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,284,683	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	61,326		30
31	Accrued Taxes Payable	94,504		31
32	Accrued Interest Payable	26,037		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	145,411		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,611,961	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	8,678,930		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)	\$ 8,678,930	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,290,891	\$	45
46	TOTAL EQUITY	\$ 2,260,914	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 12,551,805	\$	47

*(See instructions.)

Facility Name: Alexian Village of Elk Grove

Report Period Beginning: 1/1/2015

Ending:

12/31/2015

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	\$ 4,977,440	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,977,440	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	3,618	8
9	Non-Resident Meals	2,675	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 6,293	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	1,305	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,305	14
D. Other Revenue (specify):			
15		13,109	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 13,109	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,998,147	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	939,861	19
20	Health Care/ Personal Care	761,187	20
21	General Administration	2,481,264	21
B. Capital Expense			
22	Ownership	939,656	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)	\$ 5,121,968	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (123,821)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (123,821)	31