

		FOR BHF USE			

LL2

Supportive Living Facility

**2016
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2016)**

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> <hr/> <p>Address: <u>975 Martha Street</u> <u>Elk Grove</u> <u>60007</u></p> <p align="center">Number City Zip Code</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:</p> <p>Name: <u>Steve Lavenda</u> Telephone Number: <u>(847) 282 - 6300</u></p> <p>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>1/1/2016</u> to <u>12/31/2016</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 align="center">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%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) _____</td> <td></td> </tr> <tr> <td></td> <td>(Title) _____</td> <td></td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) _____ *</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) <u>Marcum LLP</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) <u>(847) 282-6300</u> Fax <u>(847) 282-6301</u></td> <td></td> </tr> </table> <p align="center">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) _____	(Date) _____		(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>	
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																												
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Facility Name Alexian Village of Elk Grove

Report Period Beginning: 1/1/2016 Ending: 12/31/2016

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	34,404	1
2	10	Double Unit Apartment	10	3,660	2
3		Other			3
4	104	TOTALS	104	38,064	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	10,979	19,519		30,498	5
6	Double Unit	202	353		555	6
7	Other					7
8	TOTALS	11,181	19,872		31,053	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 81.58%

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

297 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 242 (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: 12/31/16 Fiscal Year: 12/31/16

* 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:

1/1/2016

Ending: 12/31/2016

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	266,967	195,156	26,284	488,407	3,166	491,573	1
2	Housekeeping, Laundry and Maintenance	111,310	44,082	77,696	233,088	14,411	247,499	2
3	Heat and Other Utilities			118,695	118,695	250	118,945	3
4	Other (specify):							4
5	TOTAL General Services	378,277	239,238	222,675	840,190	17,827	858,017	5
B. Health Care and Programs								
6	Health Care/ Personal Care	576,509	521	91,943	668,973	15,176	684,149	6
7	Activities and Social Services	49,839	2,630	39,366	91,835	6,158	97,993	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	626,348	3,151	131,309	760,808	21,334	782,142	9
C. General Administration								
10	Administrative and Clerical	192,981	18,985	1,455,489	1,667,455	(962,348)	705,107	10
11	Marketing Materials, Promotions and Advertising	101,841	2,895	112,422	217,158	32,512	249,670	11
12	Employee Benefits and Payroll Taxes			263,042	263,042		263,042	12
13	Insurance-Property, Liability and Malpractice			52,429	52,429	2,302	54,731	13
14	Other (specify):					29,430	29,430	14
15	TOTAL General Administration	294,822	21,880	1,883,382	2,200,084	(898,104)	1,301,980	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,299,447	264,269	2,237,366	3,801,082	(858,944)	2,942,138	16
Capital Expenses								
D. Ownership								
17	Depreciation			494,144	494,144	(94,257)	399,887	17
18	Interest			309,133	309,133	(2,372)	306,761	18
19	Real Estate Taxes			90,207	90,207		90,207	19
20	Rent -- Facility and Grounds			1,351	1,351	9,660	11,011	20
21	Rent -- Equipment			19,333	19,333	358	19,691	21
22	Other (specify): Mortgage Insurance/Amortization			46,277	46,277		46,277	22
23	TOTAL Ownership			960,445	960,445	(86,611)	873,834	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,299,447	264,269	3,197,811	4,761,527	(945,554)	3,815,973	24

Report Period Beginning: 1/1/2016
 Ending: 12/31/2016

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference
1	Non-Straight Line Depreciation	(96,848)	17 1
2	Guest Meals	(393)	01 2
3	Employee Meals	(693)	01 3
4	Misc. Concession	(209)	10 4
5	Pet Fee	(123)	07 5
6	NSF Fees	(55)	10 6
7	Law Fees	(21)	10 7
8	Meals & Entertainment	(648)	11 8
9	Bank Service Charges	(2,473)	10 9
10	Charitable Contributions	(1,560)	10 10
11	Resident Gifts	(54)	10 11
12	Bad Debt-Tenant	(17,796)	10 12
13	Bad Debt-Medicaid	(7,225)	10 13
14	Cable TV	(3,526)	10 14
15	Management Fees	(171,781)	10 15
16	Service Provider Fees	(61,302)	10 16
17	Asset management Fee	(46,440)	10 17
18	Incentive Management Fee	(914,010)	10 18
19	Partnership Misc. Expense	(31,000)	10 19
20	Interest Income- Escrows	(612)	18 20
21	Interest Income	(1,760)	18 21
22	Additional R&M	9,512	02 22
23			23
24			24
25			25
26	Pathway Senior Living		26
27	Dietary	4,251	01 27
28	Maintenance	1,029	02 28
29	Healthcare/Personal Care	8,974	06 29
30	Community Life	6,281	07 30
31	Administrative	89,502	10 31
32	Marketing	21,034	11 32
33	Insurance	1,335	13 33
34	Employee Benefits	14,633	14 34
35	Rent - Building	1,089	20 35
36	Rent - Equipment	301	21 36
37			37
38	Pathway Management		38
39	Maintenance	3,879	02 39
40	Utilities	250	03 40
41	Healthcare/Personal Care	6,202	06 41
42	Administrative	107,618	10 42
43	Marketing	12,126	11 43
44	Insurance	967	13 44
45	Employee Benefits	14,797	14 45
46	Depreciation	2,591	17 46
47	Rent - Building	8,571	20 47
48	Rent - Equipment	57	21 48
49			49
50			50
51			51
52			52
53			53
54			54
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90			90
91			91
92			92
93			93
94			94
95			95
96			96
97			97
98			98
99			99
100			100
101	Total	(945,554)	101

Facility Name: Alexian Village of Elk Grove

Report Period Beginning: 1/1/2016 Ending: 12/31/2016

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.50	\$ 25.61	1
2	Licensed Practical Nurses	2.44	25.08	2
3	Certified Nurse Assistants	14.22	12.49	3
4	Activity Director & Assistants	1.06	22.56	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	10.22	12.56	7
8	Dishwashers			8
9	Maintenance Workers	1.77	20.34	9
10	Housekeepers	1.75	9.98	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.13	22.46	13
14	Clerical			14
15	Marketing	1.00	48.77	15
16	Other			16
17	Total (lines 1 thru 16)	38.10	\$ 16.40	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%	1.78	\$ 8,890	1
2					2
3					3
4					4
5					5
				Total	\$ 8890 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:

1/1/2016

Ending:

12/31/2016

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	104		2004	2004	\$ 11,826,242	\$ 496,735	35	\$ 337,893	\$ (158,842)	\$ 3,754,716	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				327,959			16,398	16,398	38,308	6
7	Various		2004		442,058		20	22,103	22,103	265,235	7
8	Various		2005		70,092		20	3,505	3,505	39,073	8
9	Various		2007		18,316		20	153	153	1,527	9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 12,684,667	\$ 496,735		\$ 380,051	\$ (116,684)	\$ 4,098,859	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	\$ 1,037,157	\$	\$ 19,836	19,836	10	\$ 947,169	18
19	Vehicles	16,646				5	16,646	19
20	TOTAL (lines 18 and 19)	\$ 1,053,803	\$	\$ 19,836	19,836		\$ 963,815	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:

1/1/2016

Ending:

12/31/2016

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	Parking Lot Paving	2009	4,798		20	240	240	1,920	2
3	Canopy Repairs	2009	2,880		20	144	144	1,152	3
4	Com Room Expansion	2010	3,040		20	152	152	1,064	4
5	Com Room Expansion	2010	10,210		20	511	511	3,575	5
6	Shed	2010	2,000		20	100	100	700	6
7	Fence	2011	3,540		20	177	177	1,062	7
8	Flooring In Wellness & Md Office	2013	2,563		20	128	128	512	8
9	Compressor	2013	9,740		20	487	487	1,948	9
10	Outside Painting 20 Dormers, A Cupola & A Fireplace	2013	7,800		20	390	390	1,560	10
11	Cement & Sewer Repairs	2014	8,263		20	413	413	1,239	11
12	Dining Room Floor	2014	14,720		20	736	736	2,208	12
13	Professional Paving	2014	2,680		20	134	134	402	13
14	Driveway Repaving	2015	4,428		20	221	221	443	14
15	Shed Purchase	2015	3,513		20	176	176	351	15
16	Phone System	2015	20,056		20	1,003	1,003	2,006	16
17	Phone System	2015	19,409		20	970	970	1,941	17
18	Interior Painting	2015	18,260		20	913	913	1,826	18
19	Nurse Call System	2015	38,533		20	1,927	1,927	3,853	19
20	Building Painting	2015	19,590		20	980	980	1,959	20
21	Nurse Call System	2015	28,591		20	1,430	1,430	2,859	21
22	Nurse Call	2015	8,024		20	401	401	802	22
23	Compressor Repair	2015	3,200		20	160	160	320	23
24	Custom Carpeting	2016	4,921		20	246	246	246	24
25	Capital Carpeting Replacement	2016	6,323		20	316	316	316	25
26	New Carpet Entire Building	2016	77,628		20	3,881	3,881	3,881	26
27	Electrical Work- Emergency Outlets	2016	3,250		20	163	163	163	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 327,959	\$		\$ 16,398	\$ 16,398	\$ 38,308	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:

1/1/2016

Ending:

12/31/2016

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
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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:

1/1/2016

Ending:

12/31/2016

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
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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								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: 1/1/2016

Ending: 2/31/2016

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			/ /	1,351			5
6	Allocated from Pathway			/ /	9,660			6
7	TOTAL				\$ 11,011			7

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

9. Rental amount for movable equipment \$ 19,691

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	\$ 8,508,310	3/1/45	3.6000	\$ 309,133	1
2											2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 9,279,000	\$ 8,508,310			\$ 309,133	7
	B. Non-Facility Related										
8	Interest Income-Escrows		X		/ /			/ /		(612)	8
9	Interest Income		X		/ /			/ /		(1,760)	9
10	TOTALS (lines 7, 8 and 9)					\$ 9,279,000	\$ 8,508,310			\$ 306,761	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: 1/1/2016

Ending: 12/31/2016

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2016

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,837,806	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	220,198		3
4	Supply Inventory (priced at)	6,360		4
5	Short-Term Investments			5
6	Prepaid Insurance	62,792		6
7	Other Prepaid Expenses	18,746		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	1,421,035		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,566,937	\$	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	769,018		15
16	Equipment, at Historical Cost	1,099,314		16
17	Accumulated Depreciation (book methods)	(6,670,735)		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):	93,722		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,092,877	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 11,659,814	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 975,246	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	75,129		30
31	Accrued Taxes Payable	95,829		31
32	Accrued Interest Payable	25,525		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	157,759		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,329,488	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	8,508,310		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)	\$ 8,508,310	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 9,837,798	\$	45
46	TOTAL EQUITY	\$ 1,822,016	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 11,659,814	\$	47

*(See instructions.)

Facility Name: Alexian Village of Elk Grove

Report Period Beginning: 1/1/2016

Ending:

12/31/2016

XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

		1	
I. Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 4,605,409	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,605,409	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	6,449	8
9	Non-Resident Meals	1,086	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 7,535	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	2,372	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 2,372	14
D. Other Revenue (specify):			
15		785	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 785	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,616,101	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	840,190	19
20	Health Care/ Personal Care	760,808	20
21	General Administration	2,200,084	21
B. Capital Expense			
22	Ownership	960,445	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)	\$ 4,761,527	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (145,426)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (145,426)	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 1,605,699	32
33	Private Pay - Net Inpatient Revenue	2,655,398	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Managed Care</u>	344,312	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,605,409	37