

		FOR BHF USE			

LL2

Supportive Living Facility
2017
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2017)

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: Name: <u>Steven N. 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>1/1/2017</u> to <u>12/31/2017</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%;">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>* Subject to the attached Accountants' Consulting Report</td> <td></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>Nine Parkway North, Suite 200 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="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) _____	(Date) _____		(Type or Print Name) _____			(Title) _____		Paid Preparer	(Signed) _____	(Date) _____		* Subject to the attached Accountants' Consulting Report			(Print Name and Title) _____			(Firm Name & Address) <u>Marcum LLP</u> <u>Nine Parkway North, Suite 200 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: 1/1/2017 Ending: 12/31/2017

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 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	11,368	20,212		31,580	5
6	Double Unit	209	366		575	6
7	Other					7
8	TOTALS	11,577	20,578		32,155	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 84.71%

D. Indicate the number of paid bed-hold days the SLF had during this year
268 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 157 (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: 12/31/17 Fiscal Year: 12/31/17

* 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:

1/1/2017

Ending: 12/31/2017

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	285,340	237,261	7,053	529,654	(2,135)	527,519	1
2	Housekeeping, Laundry and Maintenance	133,749	46,659	97,499	277,907	13,212	291,119	2
3	Heat and Other Utilities			104,409	104,409	311	104,720	3
4	Other (specify):							4
5	TOTAL General Services	419,089	283,920	208,961	911,970	11,388	923,358	5
B. Health Care and Programs								
6	Health Care/ Personal Care	689,946	282	97,856	788,084	(1,201)	786,883	6
7	Activities and Social Services	50,414	4,625	31,781	86,820	(18,669)	68,151	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	740,360	4,907	129,637	874,904	(19,870)	855,034	9
C. General Administration								
10	Administrative and Clerical	216,599	18,863	1,179,961	1,415,423	(639,618)	775,805	10
11	Marketing Materials, Promotions and Advertising	108,123	2,503	100,934	211,560	286	211,846	11
12	Employee Benefits and Payroll Taxes			252,793	252,793		252,793	12
13	Insurance-Property, Liability and Malpractice			60,246	60,246	2,090	62,336	13
14	Other (specify):					35,349	35,349	14
15	TOTAL General Administration	324,722	21,366	1,593,934	1,940,022	(601,892)	1,338,130	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,484,171	310,193	1,932,532	3,726,896	(610,374)	3,116,522	16
Capital Expenses								
D. Ownership								
17	Depreciation			494,341	494,341	(89,882)	404,459	17
18	Interest			302,869	302,869	(1,280)	301,589	18
19	Real Estate Taxes			80,572	80,572		80,572	19
20	Rent -- Facility and Grounds			1,642	1,642	11,424	13,066	20
21	Rent -- Equipment			18,686	18,686	98	18,784	21
22	Other (specify): MIP/Amortization			45,480	45,480		45,480	22
23	TOTAL Ownership			943,590	943,590	(79,640)	863,950	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,484,171	310,193	2,876,122	4,670,486	(690,014)	3,980,472	24

Report Period Beginning: 1/1/2017
 Ending: 12/31/2017

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference
1	Non-Straight Line Depreciation	\$ (92,602)	17 1
2	Guest Meals	741	01 2
3	Employee Meals	(10)	01 3
4	Telephone Service	(57)	10 4
5	Other Income	(5,826)	10 5
6	NSF Fees	(44)	10 6
7	Law Fees	(124)	10 7
8	Meals & Entertainment	(890)	11 8
9	Bank Service Charges	(3,597)	10 9
10	Charitable Contributions	(1,560)	10 10
11	Resident Gifts	(255)	10 11
12	Bad Debt-Tenant	(6,811)	10 12
13	Bad Debt-Medicaid	(14,000)	10 13
14	Cable TV	(4,376)	10 14
15	Management Fees	(188,464)	10 15
16	Service Provider Fees	(64,602)	10 16
17	Asset management Fee	(49,901)	10 17
18	Incentive Management Fee	(529,545)	10 18
19	Partnership Misc. Expense	(31,000)	10 19
20	Interest Income- Escrows	(1,127)	18 20
21	Interest Income	(153)	18 21
22	Resident Reimbursables	(165)	10 22
23	Additional R&M	9,589	02 23
24	Capitalized R&M	(2,630)	02 24
25			25
26	Pathway Senior Living		26
27	Dietary	710	01 27
28	Maintenance	1,106	02 28
29	Healthcare/Personal Care	7,398	06 29
30	Community Life	6,825	07 30
31	Administrative	111,060	10 31
32	Marketing	22,097	11 32
33	Insurance	1,449	13 33
34	Employee Benefits	14,321	14 34
35	Rent - Building	1,251	20 35
36	Rent - Equipment	75	21 36
37			37
38	Pathway Management		38
39	Maintenance	5,147	02 39
40	Utilities	311	03 40
41	Healthcare/Personal Care	12,265	06 41
42	Community Life	624	07 42
43	Administrative	155,494	10 43
44	Marketing	15,271	11 44
45	Insurance	641	13 45
46	Employee Benefits	21,028	14 46
47	Depreciation	2,720	17 47
48	Rent - Building	10,173	20 48
49	Rent - Equipment	23	21 49
50			50
51	Shared Services	(5,836)	10 51
52	Shared Services	(2,761)	01 52
53	Shared Services	(20,864)	06 53
54	Shared Services	(26,118)	07 54
55	Shared Services	(36,192)	11 55
56			56
57			57
58			58
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93			93
94			94
95			95
96			96
97			97
98			98
99			99
100			100
101	Total	(690,014)	101

Facility Name: Alexian Village of Elk Grove

Report Period Beginning: 1/1/2017

Ending:

12/31/2017

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.92	\$ 25.28	1
2	Licensed Practical Nurses	2.33	28.48	2
3	Certified Nurse Assistants	16.50	13.14	3
4	Activity Director & Assistants	1.05	23.18	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	10.71	12.81	7
8	Dishwashers			8
9	Maintenance Workers	2.07	21.86	9
10	Housekeepers	1.77	10.72	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.25	24.52	13
14	Clerical			14
15	Marketing	1.60	32.54	15
16	Other			16
17	Total (lines 1 thru 16)	42.20	\$ 16.91	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%	1.84	\$ 9,211	1
2					2
3					3
4					4
5					5
Total				\$ 9211	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 <u>1</u>	City <u>2</u>
See Attached	

OTHER RELATED BUSINESS ENTITIES		
Name <u>3</u>	City <u>4</u>	Type of Business <u>5</u>
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:

1/1/2017

Ending:

12/31/2017

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	\$ 497,061	35	\$ 337,893	\$ (159,168)	\$ 4,092,609	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				343,505			17,523	17,523	52,760	6
7	Various		2004		442,058		20	22,103	22,103	287,338	7
8	Various		2005		70,092		20	3,505	3,505	42,577	8
9	Various		2007		18,316		20	153	153	1,680	9
10	Various		2009		7,678		20	384	384	3,456	10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 12,707,891	\$ 497,061		\$ 381,560	\$ (115,501)	\$ 4,480,419	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	\$ 1,079,350	\$	\$ 22,899	22,899		\$ 970,068	18
19	Vehicles	16,646					16,646	19
20	TOTAL (lines 18 and 19)	\$ 1,095,996	\$	\$ 22,899	22,899		\$ 986,714	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:

1/1/2017

Ending:

12/31/2017

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	Com Room Expansion	2010	3,040		20	152	152	1,216	2
3	Com Room Expansion	2010	10,210		20	511	511	4,085	3
4	Shed	2010	2,000		20	100	100	800	4
5	Fence	2011	3,540		20	177	177	1,239	5
6	Flooring In Wellness & Md Office	2013	2,563		20	128	128	640	6
7	Compressor	2013	9,740		20	487	487	2,435	7
8	Outside Painting 20 Dormers, A Cupola & A Fireplace	2013	7,800		20	390	390	1,950	8
9	Cement & Sewer Repairs	2014	8,263		20	413	413	1,653	9
10	Dining Room Floor	2014	14,720		20	736	736	2,944	10
11	Professional Paving	2014	2,680		20	134	134	536	11
12	Driveway Repaving	2015	4,428		20	221	221	664	12
13	Shed Purchase	2015	3,513		20	176	176	527	13
14	Phone System	2015	20,056		20	1,003	1,003	3,008	14
15	Phone System	2015	19,409		20	970	970	2,911	15
16	Interior Painting	2015	18,260		20	913	913	2,739	16
17	Nurse Call System	2015	38,533		20	1,927	1,927	5,780	17
18	Building Painting	2015	19,590		20	980	980	2,939	18
19	Nurse Call System	2015	28,591		20	1,430	1,430	4,289	19
20	Nurse Call	2015	8,024		20	401	401	1,204	20
21	Compressor Repair	2015	3,200		20	160	160	480	21
22	Custom Carpeting	2016	4,921		20	246	246	492	22
23	Capital Carpeting Replacement	2016	6,323		20	316	316	632	23
24	New Carpet Entire Building	2016	77,628		20	3,881	3,881	7,763	24
25	Electrical Work- Emergency Outlets	2016	3,250		20	163	163	325	25
26	New Floor- Community Room	2017	10,113		20	506	506	506	26
27	6 Fire Rated Doors	2017	3,521		20	176	176	176	27
28	Exhaust System- Laundry Area	2017	6,960		20	696	696	696	28
29	Boiler Pump Repair	2017	2,630		20	132	132	132	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 343,505	\$		\$ 17,523	\$ 17,523	\$ 52,760	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:

1/1/2017

Ending:

12/31/2017

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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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:

1/1/2017

Ending:

12/31/2017

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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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: 1/1/2017

Ending: 2/31/2017

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			/ /	1,642			5
6	Allocated from Pathway			/ /	11,424			6
7	TOTAL				\$ 13,066			7

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

9. Rental amount for movable equipment \$ 18,784

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	\$ 8,331,444	3/1/45	3.6000	\$ 302,869	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 9,279,000	\$ 8,331,444			\$ 302,869	7
	B. Non-Facility Related										
8	Interest Income-Escrows		X		/ /			/ /		(1,127)	8
9	Interest Income		X		/ /			/ /		(153)	9
10	TOTALS (lines 7, 8 and 9)					\$ 9,279,000	\$ 8,331,444			\$ 301,589	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: 1/1/2017

Ending: 12/31/2017

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,569,923	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	645,275		3
4	Supply Inventory (priced at)	6,116		4
5	Short-Term Investments			5
6	Prepaid Insurance	64,975		6
7	Other Prepaid Expenses	12,183		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	1,471,766		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,770,238	\$	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	11,900,368		14
15	Leasehold Improvements, at Historical Cost	798,660		15
16	Equipment, at Historical Cost	1,127,564		16
17	Accumulated Depreciation (book methods)	(7,165,076)		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): See Attached	90,378		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,667,568	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 11,437,806	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 675,358	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	114,089		30
31	Accrued Taxes Payable	92,945		31
32	Accrued Interest Payable	24,994		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	176,528		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,083,914	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	8,331,444		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)	\$ 8,331,444	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 9,415,358	\$	45
46	TOTAL EQUITY	\$ 2,022,448	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 11,437,806	\$	47

*(See instructions.)

Facility Name: Alexian Village of Elk Grove

Report Period Beginning: 1/1/2017

Ending:

12/31/2017

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	\$ 5,061,417	1
2	Discounts and Allowances		2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 5,061,417	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	5,760	8
9	Non-Resident Meals	84	9
10	Laundry		10
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$ 5,844	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	1,280	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 1,280	14
D. Other Revenue (specify):			
15		5,885	15
16			16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$ 5,885	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 5,074,426	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	911,970	19
20	Health Care/ Personal Care	874,904	20
21	General Administration	1,940,022	21
B. Capital Expense			
22	Ownership	943,590	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
TOTAL EXPENSES			
28	(sum of lines 19 thru 27)	\$ 4,670,486	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ 403,940	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ 403,940	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 1,545,586	32
33	Private Pay - Net Inpatient Revenue	2,942,994	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Managed Care</u>	572,837	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 5,061,417	37