

		FOR BHF USE			

LL2

Supportive Living Facility

**2018
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2018)**

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: 1000044</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> 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 border="0"> <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>1/1/2018</u> to <u>12/31/2018</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 border="1"> <tr> <td rowspan="2">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td>(Type or Print Name) _____</td> <td></td> </tr> <tr> <td></td> <td>(Title) _____</td> <td></td> </tr> <tr> <td rowspan="4">Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td colspan="2"><i>*Subject to the attached Accountants' Consulting Report</i></td> </tr> <tr> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <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></td> <td>Fax <u>(847) 282-6301</u></td> </tr> <tr> <td colspan="3">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</td> </tr> </table>	Officer or Administrator of Provider	(Signed) _____	(Date) _____	(Type or Print Name) _____			(Title) _____		Paid Preparer	(Signed) _____	(Date) _____	<i>*Subject to the attached Accountants' Consulting Report</i>		(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>	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		
<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>																																															
Officer or Administrator of Provider	(Signed) _____	(Date) _____																																														
	(Type or Print Name) _____																																															
	(Title) _____																																															
Paid Preparer	(Signed) _____	(Date) _____																																														
	<i>*Subject to the attached Accountants' Consulting Report</i>																																															
	(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>																																														
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																																																

Facility Name Alexian Village of Elk Grove

Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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 Total	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	12,733	22,639		35,372	5
6	Double Unit	234	410		644	6
7	Other					7
8	TOTALS	12,967	23,049		36,016	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 94.88%

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

185 Also, indicate the number of unpaid bed-hold days the SLF had during this year. _____ **(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: 12/31/2018 Fiscal Year: 12/31/2018

* 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:

1/1/2018

Ending: 12/31/2018

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	336,586	238,509	16,669	591,764	(608)	591,156	1
2	Housekeeping, Laundry and Maintenance	151,341	46,150	118,612	316,103	2,614	318,717	2
3	Heat and Other Utilities			104,257	104,257	442	104,699	3
4	Other (specify):							4
5	TOTAL General Services	487,927	284,659	239,538	1,012,124	2,448	1,014,572	5
B. Health Care and Programs								
6	Health Care/ Personal Care	693,480	590	117,819	811,889	15,168	827,057	6
7	Activities and Social Services	51,304	5,006	32,926	89,236	2,272	91,508	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	744,784	5,596	150,745	901,125	17,440	918,565	9
C. General Administration								
10	Administrative and Clerical	242,102	27,986	1,829,159	2,099,247	(1,311,522)	787,725	10
11	Marketing Materials, Promotions and Advertising	119,573	2,086	134,196	255,855	19,107	274,962	11
12	Employee Benefits and Payroll Taxes			296,858	296,858		296,858	12
13	Insurance-Property, Liability and Malpractice			75,163	75,163	1,184	76,347	13
14	Other (specify):					34,039	34,039	14
15	TOTAL General Administration	361,675	30,072	2,335,376	2,727,123	(1,257,192)	1,469,931	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,594,386	320,327	2,725,659	4,640,372	(1,237,304)	3,403,068	16
Capital Expenses								
D. Ownership								
17	Depreciation			465,934	465,934	(56,008)	409,926	17
18	Interest			296,377	296,377	(3,712)	292,665	18
19	Real Estate Taxes			99,421	99,421		99,421	19
20	Rent -- Facility and Grounds			1,985	1,985	13,696	15,681	20
21	Rent -- Equipment			17,587	17,587	59	17,646	21
22	Other (specify): MIP			44,432	44,432		44,432	22
23	TOTAL Ownership			925,736	925,736	(45,965)	879,771	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,594,386	320,327	3,651,395	5,566,108	(1,283,269)	4,282,839	24

Report Period Beginning: 1/1/2018
 Ending: 12/31/2018

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1	Non-Straight Line Depreciation	(59,543)	17 1
2	Guest Meals	(608)	01 2
3	Pet Fee	(250)	10 3
4	Other Income	(167)	10 4
5	NSF Fees	(35)	10 5
6	Late Fees	(10)	10 6
7	Meals & Entertainment	(1,176)	11 7
8	Bank Service Charges	(5,668)	10 8
9	Charitable Contributions	(1,769)	10 9
10	Resident Gifts	(340)	10 10
11	Bad Debt-Tenant	(4,819)	10 11
12	Bad Debt-Medicaid	(95,953)	10 12
13	Cable TV	(3,737)	10 13
14	Management Fees	(198,710)	10 14
15	Service Provider Fees	(77,528)	10 15
16	Asset management Fee	(51,399)	10 16
17	Incentive Management Fee	(1,021,283)	10 17
18	Partnership Misc. Expense	(21,000)	10 18
19	Interest Income- Escrows	(1,964)	18 19
20	Interest Income	(1,748)	18 20
21	Resident Reimbursables	(280)	10 21
22	Additional R&M	3,974	02 22
23	Capitalized R&M	(7,778)	02 23
24	PATHWAY MANAGEMENT LLC		24
25	Maintenance	6,415	02 25
26	Utilities	442	03 26
27	Health Care/Personal Care	15,168	06 27
28	Community Life	2,272	07 28
29	Administrative	181,424	10 29
30	Marketing	20,283	11 30
31	Insurance	1,184	13 31
32	Employee Benefits	34,039	14 32
33	Depreciation	3,535	17 33
34	Rent - Building	13,696	20 34
35	Rent - Equipment	59	21 35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49			49
50			50
51			51
52			52
53			53
54			54
55			55
56			56
57			57
58			58
59			59
60			60
61			61
62			62
63			63
64			64
65			65
66			66
67			67
68			68
69			69
70			70
71			71
72			72
73			73
74			74
75			75
76			76
77			77
78			78
79			79
80			80
81			81
82			82
83			83
84			84
85			85
86			86
87			87
88			88
89			89
90			90
91			91
92			92
93			93
94			94
95			95
96			96
97			97
98			98
99			99
100	Total	(1,283,269)	100 101

Facility Name: Alexian Village of Elk Grove

Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.91	\$ 26.19	1
2	Licensed Practical Nurses	1.81	29.48	2
3	Certified Nurse Assistants	16.05	14.33	3
4	Activity Director & Assistants	1.08	22.87	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	12.03	13.46	7
8	Dishwashers			8
9	Maintenance Workers	2.05	22.91	9
10	Housekeepers	2.32	11.15	10
11	Laundry			11
12	Managers			12
13	Other Administrative	5.43	21.44	13
14	Clerical			14
15	Marketing	1.62	35.52	15
16	Other			16
17	Total (lines 1 thru 16)	44.29	\$ 17.31	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%	1.42	\$ 10,736	1
2					2
3					3
4					4
5					5
Total				\$ 10736	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:

1/1/2018

Ending:

12/31/2018

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	FOR BHF USE ONLY	2	3	4	5	6	7	8	9	
	Units*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	104		2004	2004	\$ 11,826,242	\$ 465,934	35	\$ 337,893	\$ (128,041)	\$ 4,430,502	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				416,239			22,633	22,633	69,291	6
7	Various			2004	442,058		20	22,103	22,103	309,441	7
8	Various			2005	70,092		20	3,505	3,505	46,082	8
9	Various			2007	18,316		20	153	153	1,832	9
10	Various			2009	7,678		20	384	384	3,840	10
11	Various			2010	15,250		20	763	763	6,864	11
12											12
13	Allocated from Pathway Management							3,535	(3,535)		13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 12,795,875	\$ 469,469		\$ 387,432	\$ (82,037)	\$ 4,867,851	17

C. Equipment Depreciation -- Including Transportation.

	Type	1	2	3	4	5	6	
		Cost	Current Book Depreciation	Straight Line Depreciation	Adjustments	Life in Years	Accumulated Depreciation	
18	Movable Equipment	\$ 1,092,353	\$	\$ 22,495	22,495		\$ 992,563	18
19	Vehicles	16,646					16,646	19
20	TOTAL (lines 18 and 19)	\$ 1,108,999	\$	\$ 22,495	22,495		\$ 1,009,209	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1	2	3	4	
	Description and Year Acquired	Cost	Current Book Depreciation	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:

1/1/2018

Ending:

12/31/2018

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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Fence	2011	3,540		20	177	177	1,416	1
2	Flooring In Wellness & Md Office	2013	2,563		20	128	128	768	2
3	Compressor	2013	9,740		20	487	487	2,922	3
4	Outside Painting 20 Dormers, A Cupola & A Fireplace	2013	7,800		20	390	390	2,340	4
5	Cement & Sewer Repairs	2014	8,263		20	413	413	2,066	5
6	Dining Room Floor	2014	14,720		20	736	736	3,680	6
7	Professional Paving	2014	2,680		20	134	134	670	7
8	Driveway Repaving	2015	4,428		20	221	221	886	8
9	Shed Purchase	2015	3,513		20	176	176	703	9
10	Phone System	2015	20,056		20	1,003	1,003	4,011	10
11	Phone System	2015	19,409		20	970	970	3,882	11
12	Interior Painting	2015	18,260		20	913	913	3,652	12
13	Nurse Call System	2015	38,533		20	1,927	1,927	7,707	13
14	Building Painting	2015	19,590		20	980	980	3,918	14
15	Nurse Call System	2015	28,591		20	1,430	1,430	5,718	15
16	Nurse Call	2015	8,024		20	401	401	1,605	16
17	Compressor Repair	2015	3,200		20	160	160	640	17
18	Custom Carpeting	2016	4,921		20	246	246	738	18
19	Capital Carpeting Replacement	2016	6,323		20	316	316	948	19
20	New Carpet Entire Building	2016	77,628		20	3,881	3,881	11,644	20
21	Electrical Work- Emergency Outlets	2016	3,250		20	163	163	488	21
22	New Floor- Community Room	2017	10,113		20	506	506	1,011	22
23	6 Fire Rated Doors	2017	3,521		20	176	176	352	23
24	Exhaust System- Laundry Area	2017	6,960		20	696	696	1,392	24
25	Boiler Pump Repair	2017	2,630		20	132	132	263	25
26	White General Machine Door Replacement	2018	2,664		20	133	133	133	26
27	Replaced Generator Controller	2018	5,856		20	293	293	293	27
28	Bathroom Wall Mounts	2018	2,701		20	135	135	135	28
29	Nurse Call System Upgrade	2018	21,262		20	1,063	1,063	1,063	29
30	Walk In Freezer	2018	18,271		20	914	914	914	30
31	New Counters, Countertop, Shelf	2018	29,454		20	2,945	2,945	2,945	31
32	Refrigerant Leak Repair	2018	3,641		20	182	182	182	32
33	Boilers And Pumps	2018	4,134		20	207	207	207	33
34	TOTAL (lines 1 thru 33)		\$ 416,239	\$		\$ 22,633	\$ 22,633	\$ 69,291	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:

1/1/2018

Ending:

12/31/2018

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	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:

1/1/2018

Ending:

12/31/2018

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	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: 1/1/2018

Ending: 2/31/2018

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			/ /	1,985			5
6	Allocated from Pathway			/ /	13,696			6
7	TOTAL				\$ 15,681			7

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

9. Rental amount for movable equipment \$ 17,646

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	\$ 8,148,105	3/1/45	3.6000	\$ 296,377	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 9,279,000	\$ 8,148,105			\$ 296,377	7
	B. Non-Facility Related										
8	Interest Income-Escrows		X		/ /			/ /		(1,964)	8
9	Interest Income		X		/ /			/ /		(1,748)	9
10	TOTALS (lines 7, 8 and 9)					\$ 9,279,000	\$ 8,148,105			\$ 292,664	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: 1/1/2018

Ending:

12/31/2018

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 2,274,430	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	499,247		3
4	Supply Inventory (priced at)	8,160		4
5	Short-Term Investments			5
6	Prepaid Insurance	105,282		6
7	Other Prepaid Expenses	18,263		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	1,437,517		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,342,899	\$	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	11,902,150		14
15	Leasehold Improvements, at Historical Cost	833,334		15
16	Equipment, at Historical Cost	1,188,293		16
17	Accumulated Depreciation (book methods)	(7,631,010)		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	87,034		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,295,475	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 11,638,374	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,175,846	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	101,522		30
31	Accrued Taxes Payable	97,604		31
32	Accrued Interest Payable	24,444		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	176,712		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,576,128	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	8,148,105		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)	\$ 8,148,105	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 9,724,233	\$	45
46	TOTAL EQUITY	\$ 1,914,141	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 11,638,374	\$	47

*(See instructions.)

Facility Name: Alexian Village of Elk Grove

Report Period Beginning: 1/1/2018

Ending:

12/31/2018

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	\$ 5,579,597	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 5,579,597	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	5,811	8
9	Non-Resident Meals	608	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 6,419	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	3,712	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 3,712	14
D. Other Revenue (specify):			
15	See Attached	462	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 462	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 5,590,190	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	1,012,124	19
20	Health Care/ Personal Care	901,125	20
21	General Administration	2,727,123	21
B. Capital Expense			
22	Ownership	925,736	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)	\$ 5,566,108	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 24,082	29
30	Income Taxes		30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 24,082	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 1,875,603	32
33	Private Pay - Net Inpatient Revenue	3,588,067	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Managed Care</u>	115,927	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 5,579,597	37