

		FOR BHF USE			

LL2

Supportive Living Facility

**2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2011)**

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 Village</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) 236 - 1111</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.	_____		<input type="checkbox"/> Limited Liability Co.	_____		<input type="checkbox"/> Trust	_____		<input checked="" type="checkbox"/> Other <u>Limited Partnership</u>	_____	<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2011</u> to <u>12/31/2011</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) <u>Steven N. Lavenda, C.P.A.</u> (Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u> (Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u></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) <u>Steven N. Lavenda, C.P.A.</u> (Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u> (Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u>
<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: 1/1/2011 Ending: 12/31/2011

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units N/A

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	114	Single Unit Apartment	114	41,610	1
2		Double Unit Apartment			2
3		Other			3
4	114	TOTALS	114	41,610	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	12,931	22,656		35,587	5
6	Double Unit					6
7	Other					7
8	TOTALS	12,931	22,656		35,587	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 85.53%

D. Indicate the number of paid bed-hold days the SLF had during this year 333 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 18 (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: 12/31/2011 Fiscal Year: 12/31/2011

* 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:

1/1/2011

Ending: 12/31/2011

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	175,945	173,819	174,008	523,772	(9,182)	514,590	1
2	Housekeeping, Laundry and Maintenance	109,659	30,447	85,811	225,917	2,624	228,541	2
3	Heat and Other Utilities			106,262	106,262	318	106,580	3
4	Other (specify):							4
5	TOTAL General Services	285,604	204,266	366,081	855,951	(6,240)	849,711	5
B. Health Care and Programs								
6	Health Care/ Personal Care	534,348	797	10,671	545,816		545,816	6
7	Activities and Social Services	40,912	4,357	21,083	66,352		66,352	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	575,260	5,154	31,754	612,168		612,168	9
C. General Administration								
10	Administrative and Clerical	164,390	11,937	1,182,724	1,359,051	(672,909)	686,142	10
11	Marketing Materials, Promotions and Advertising	57,117	284	78,179	135,580	60,599	196,179	11
12	Employee Benefits and Payroll Taxes			211,461	211,461		211,461	12
13	Insurance-Property, Liability and Malpractice			37,445	37,445	471	37,916	13
14	Other (specify):					24,638	24,638	14
15	TOTAL General Administration	221,507	12,221	1,509,809	1,743,537	(587,201)	1,156,336	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,082,371	221,641	1,907,644	3,211,656	(593,440)	2,618,216	16
Capital Expenses								
D. Ownership								
17	Depreciation			484,642	484,642	(25,906)	458,736	17
18	Interest			529,269	529,269	(2,388)	526,881	18
19	Real Estate Taxes			52,240	52,240		52,240	19
20	Rent -- Facility and Grounds			348	348	12,540	12,888	20
21	Rent -- Equipment			28,516	28,516	788	29,304	21
22	Other (specify):			58,740	58,740		58,740	22
23	TOTAL Ownership			1,153,755	1,153,755	(14,966)	1,138,789	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,082,371	221,641	3,061,399	4,365,411	(608,406)	3,757,005	24

Detail lines 29 and 35 of Page 5 starting in C12. **DO NOT DRAG AND DROP CELLS.**

The amounts in column F will transfer to the Adj. Summary column automatically.
 The amounts in the Adj. Summary column are linked to pages Summary A and B.

STATE OF ILLINOIS
 Alexian Village Of Elk Grove

Report Period Beginning: 1/1/2011
 Ending: 12/31/2011

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ (25,906)	17	1
2	Meal Program Income	(334)	01	2
3	Guest Meals	(1,291)	01	3
4	Employee Meals	(1,594)	01	4
5	Unidine Adjustment	(5,965)	01	5
6	Beauty and Barber	(393)	10	6
7	Damage Recovery	(200)	10	7
8	Other Income	(7,205)	10	8
9	Bank Service Charges	(3,216)	10	9
10	Late Fees/ Finance Charges	(15)	10	10
11	Charitable Contributions	(2,389)	10	11
12	Resident Gifts	(1,808)	10	12
13	Bad Debt	(34,840)	10	13
14	Cable TV	(1,508)	10	14
15	Asset Management Fee	(41,792)	10	15
16	Incentive Management Fee	(620,038)	10	16
17	Partnership Misc Expense	(31,000)	10	17
18	Interest Income	(2,388)	18	18
19	NSF Fees	(30)	10	19
20				20
21	PATHWAY SENIOR LIVING LLC:			21
22	Maintenance	2,425	02	22
23	Administrative	218,910	10	23
24	Marketing Material	12,612	11	24
25	Insurance	437	13	25
26	Employee Benefits	13,725	14	26
27	Rent- Building	398	20	27
28	Rent- Equipment	81	21	28
29	Management Fee	(153,159)	10	29
30	Service Provider Fee	(67,902)	10	30
31				31
32	PATHWAY MANAGEMENT LLC:			32
33	Dietary	2	01	33
34	Maintenance	199	02	34
35	Utilities	318	03	35
36	Administrative	73,677	10	36
37	Marketing Material	47,987	11	37
38	Insurance	34	13	38
39	Employee Benefits	10,913	14	39
40	Rent- Building	12,142	20	40
41	Rent- Equipment	707	21	41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49				49

Sch V	Adj. Summary
Line 1	(9,182)
Line 2	2,624
Line 3	318
Line 4	0
Line 5	(6,240)
Line 6	0
Line 7	0
Line 8	0
Line 9	0
Line 10	(672,909)
Line 11	60,599
Line 12	0
Line 13	471
Line 14	24,638
Line 15	(587,201)
Line 16	(593,440)
Line 17	(25,906)
Line 18	(2,388)
Line 19	0
Line 20	12,540
Line 21	788
Line 22	0
Line 23	(14,966)
Line 24	(608,406)

50			50
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96			96
97			97
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99			99
100			100
101	Total	(608,406)	101

Facility Name: Alexian Village Of Elk Grove

Report Period Beginning 1/1/2011 Ending: 12/31/2011

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.51	\$ 25.46	1
2	Licensed Practical Nurses	2.02	22.74	2
3	Certified Nurse Assistants	15.40	11.20	3
4	Activity Director & Assistants	0.95	20.61	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	8.97	9.43	7
8	Dishwashers			8
9	Maintenance Workers	2.05	14.93	9
10	Housekeepers	2.47	8.93	10
11	Laundry			11
12	Managers			12
13	Other Administrative	2.73	28.99	13
14	Clerical			14
15	Marketing	0.92	29.72	15
16	Other			16
17	Total (lines 1 thru 16)	37.03	\$ 14.05	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	Brian Cloch	29%	2.03	\$ 6,596	1	
2	Jerry Finis	29%	2.03	6,596	2	
3	Robert Helle	13%	2.03	3,047	3	
4	E. Keledjian	29%	2.03	6,596	4	
5					5	
				Total	\$ 22836.07	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:

1/1/2011

Ending:

12/31/2011

VIII. OWNERSHIP COSTS

A. Purchase price of land 915,674 Year land was acquired 2004

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar.

*Total units on this schedule must agree with page 2.

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	114		2004	2004	\$ 11,826,242	\$ 484,642	35	\$ 337,893	\$ (146,749)	\$ 2,065,251	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				556,934			27,084	27,084	179,888	6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 12,383,176	\$ 484,642		\$ 364,976	\$ (119,666)	\$ 2,245,139	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	\$ 937,860	\$	\$ 93,760	93,760	10	\$ 607,049	18
19	Vehicles	16,646				5	16,646	19
20	TOTAL (lines 18 and 19)	\$ 954,506	\$	\$ 93,760	93,760		\$ 623,695	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:

1/1/2011

Ending:

12/31/2011

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	Land Improvements	2004	442,058		20	22,103	22,103	154,720	2
3	Sign	2005	10,451		20	523	523	3,658	3
4	Building Improvement	2005	59,641		20	2,982	2,982	17,892	4
5	Installation - Two Electrical Outlets	2007	1,635		20	14	14	69	5
6	Landscaping	2007	16,681		20	139	139	695	6
7	Parking Lot Paving	2009	4,798		20	240	240	720	7
8	Canopy Repairs	2009	2,880		20	144	144	432	8
9	Com Room Expansion	2010	3,040		20	152	152	304	9
10	Com Room Expansion	2010	10,210		20	511	511	1,022	10
11	Shed	2010	2,000		20	100	100	200	11
12	Fence	2011	3,540		20	177	177	177	12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
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24									24
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33	Total Book Depreciation								33
34	TOTAL (lines 1 thru 33)		\$ 556,934	\$		\$ 27,084	\$ 27,084	\$ 179,888	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:

1/1/2011

Ending:

12/31/2011

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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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:

1/1/2011

Ending:

12/31/2011

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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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: 1/1/2011

Ending: 2/31/2011

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			/ /	348			5
6	Allocated from Pathway			/ /	12,540			6
7	TOTAL				\$ 12,888			7

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

9. Rental amount for movable equipment \$ 29,304

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	Wells Fargo		X	HUD Mortgage Loan	4/1/05	\$ 9,279,000	\$ 8,812,933	3/1/45	5.9800	\$ 529,269	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 9,279,000	\$ 8,812,933			\$ 529,269	7
	B. Non-Facility Related										
8	Interest Income				/ /			/ /			-2,388
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 9,279,000	\$ 8,812,933			\$ 526,881	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: 1/1/2011

Ending: 12/31/2011

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2011

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,428,556	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	555,246		3
4	Supply Inventory (priced at)	6,360		4
5	Short-Term Investments			5
6	Prepaid Insurance	49,770		6
7	Other Prepaid Expenses	14,114		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	1,216,749		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,270,795	\$	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	475,529		15
16	Equipment, at Historical Cost	963,112		16
17	Accumulated Depreciation (book methods)	(4,240,375)		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	665,694		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 10,665,518	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 13,936,313	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 719,063	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	86,430		29
30	Accrued Salaries Payable	81,673		30
31	Accrued Taxes Payable	91,340		31
32	Accrued Interest Payable	43,918		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	265,747		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,288,171	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	8,726,503		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)	\$ 8,726,503	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,014,674	\$	45
46	TOTAL EQUITY	\$ 3,921,639	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 13,936,313	\$	47

*(See instructions.)

Facility Name: Alexian Village Of Elk Grove

Report Period Beginning: 1/1/2011

Ending:

12/31/2011

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	\$ 4,555,099	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,555,099	3
B. Other Operating Revenue			
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals	9,184	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 9,184	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	2,388	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 2,388	14
D. Other Revenue (specify):			
15	See Attached	16,834	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 16,834	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,583,505	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	855,951	19
20	Health Care/ Personal Care	612,168	20
21	General Administration	1,743,537	21
B. Capital Expense			
22	Ownership	1,153,755	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)	\$ 4,365,411	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 218,094	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 218,094	31

