

		FOR BHF USE			

LL2

Supportive Living Facility

2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2020)

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>1000152</u></p> <p>Facility Name: <u>Azpira Place of Lake Zurich</u></p> <hr/> <p>Address: <u>795 North Rand Road</u> <u>Lake Zurich</u> <u>60047</u></p> <p align="center">Number City Zip Code</p> <p>County: <u>Lake</u></p> <p>Telephone Number: <u>(847) 440-3885</u> Fax # _____</p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>5/16/2017</u></p> <p>Type of Ownership:</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td style="width:33%; border: none;"><input checked="" type="checkbox"/> PROPRIETARY</td> <td style="width:33%; border: none;"><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Charitable Corp.</td> <td style="border: none;"><input type="checkbox"/> Individual</td> <td style="border: none;"><input type="checkbox"/> State</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"><input type="checkbox"/> Partnership</td> <td style="border: none;"><input type="checkbox"/> County</td> </tr> <tr> <td style="border: none;">IRS Exemption Code _____</td> <td style="border: none;"><input type="checkbox"/> Corporation</td> <td style="border: none;"><input type="checkbox"/> Other _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> "Sub-S" Corp.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Limited Liability Co.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input checked="" type="checkbox"/> Other <u>Limited Partnership</u></td> <td style="border: none;"></td> </tr> </table>	<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>1/1/2020</u> to <u>12/31/2020</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%; border: none;"> <tr> <td style="width:30%; border: none; vertical-align: top;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Officer or Administrator of Provider</td> <td style="padding: 5px;">(Signed) _____</td> <td style="padding: 5px;">(Date) _____</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">(Type or Print Name) _____</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">(Title) _____</td> <td style="padding: 5px;"></td> </tr> </table> </td> <td style="width:70%; border: none;"></td> </tr> <tr> <td style="border: none; vertical-align: top;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Paid Preparer</td> <td style="padding: 5px;">(Signed) _____</td> <td style="padding: 5px;">(Date) _____</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">*Subject to the attached Accountants' Consulting Report</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">(Print Name <u>Steven N. 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<p>In the event there are further questions about this report, please contact:</p> <p>Name: <u>Steven N. Lavenda</u> Telephone Number: <u>(847) - 282- 6300</u></p> <p>Email Address: _____</p>	<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>																																																										

Facility Name Azpira Place of Lake Zurich

Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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	120	Single Unit Apartment	120	43,920	1
2		Double Unit Apartment			2
3		Other			3
4	120	TOTALS	120	43,920	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	18,977	23,194		42,171	5
6	Double Unit					6
7	Other					7
8	TOTALS	18,977	23,194		42,171	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 96.02%

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

101 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 167 (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: 12/31/20 Fiscal Year: 12/31/20

* 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 principal? 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 principal? 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 principal? N/A

If no, explain. N/A

Facility Name: Azpira Place of Lake Zurich

Report Period Beginning:

1/1/2020

Ending: 12/31/2020

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	462,619	385,698	1,831	850,148	(854)	849,294	1
2	Housekeeping, Laundry and Maintenance	139,388	65,297	155,302	359,987	9,289	369,276	2
3	Heat and Other Utilities			179,447	179,447	(32,561)	146,886	3
4	Other (specify):							4
5	TOTAL General Services	602,007	450,995	336,580	1,389,582	(24,126)	1,365,456	5
B. Health Care and Programs								
6	Health Care/ Personal Care	934,050	37,346	136,576	1,107,972	14,256	1,122,228	6
7	Activities and Social Services	49,598	9,457	6,263	65,318	1,253	66,571	7
8	Other (specify): Barber & Beauty			2,378	2,378		2,378	8
9	TOTAL Health Care and Programs	983,648	46,803	145,217	1,175,668	15,509	1,191,177	9
C. General Administration								
10	Administrative and Clerical	198,535	11,523	784,556	994,614	(443,953)	550,661	10
11	Marketing Materials, Promotions and Advertising	189,250	4,379	155,895	349,524	14,160	363,684	11
12	Employee Benefits and Payroll Taxes			330,809	330,809		330,809	12
13	Insurance-Property, Liability and Malpractice			105,523	105,523	4,043	109,566	13
14	Other (specify):					25,404	25,404	14
15	TOTAL General Administration	387,785	15,902	1,376,783	1,780,470	(400,346)	1,380,124	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,973,440	513,700	1,858,580	4,345,720	(408,963)	3,936,757	16
Capital Expenses								
D. Ownership								
17	Depreciation			1,043,901	1,043,901	(131,245)	912,656	17
18	Interest			566,919	566,919	(1,050)	565,869	18
19	Real Estate Taxes			391,521	391,521		391,521	19
20	Rent -- Facility and Grounds			719	719	12,710	13,429	20
21	Rent -- Equipment			7,977	7,977	32	8,009	21
22	Other (specify):			210,564	210,564		210,564	22
23	TOTAL Ownership			2,221,601	2,221,601	(119,552)	2,102,049	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,973,440	513,700	4,080,181	6,567,321	(528,515)	6,038,806	24

Aspira Place of Lake Zurich

Report Period Beginning: 1/1/2020
 Ending: 12/31/2020

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1	Non-Straight Line Depreciation	(140,607)	17
2	Guest Meals	(564)	01
3	Employee Meals	(290)	01
4	Community Life Income	(75)	07
5	Pet Fee	(1,000)	07
6	Interest Income	(1,050)	18
7	Other Income	(3,215)	10
8	Meals & Entertainment	(233)	10
9	Bank Service Charges	(3,365)	10
10	Resident Gifts	(601)	10
11	Resident Reimbursables	(2,727)	10
12	Bad Debt Expense	(244,000)	10
13	Cable TV	(32,705)	03
14	Management Fees	(348,075)	10
15	Additional R&M	4,772	02
16			16
17			17
18	Pathway Management Allocation		18
19	Maintenance	4,517	02
20	Utilities	143	03
21	Health Care / Personal Care	14,256	06
22	Community Life	2,328	07
23	Administrative	158,263	10
24	Marketing	14,160	11
25	Insurance	4,043	13
26	Employee Benefits	25,404	14
27	Depreciation	9,422	17
28	Rent - Building	12,710	20
29	Rent - Equipment	32	21
30			30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
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96			96
97			97
98			98
99			99
100			100
101	Total	(528,515)	101

Facility Name: Azpira Place of Lake Zurich

Report Period Beginning: 1/1/2020

Ending: 12/31/2020

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.25	\$ 30.60	1
2	Licensed Practical Nurses	1.76	27.13	2
3	Certified Nurse Assistants	22.95	15.82	3
4	Activity Director & Assistants	1.24	19.23	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	16.66	13.35	7
8	Dishwashers			8
9	Maintenance Workers	2.12	20.00	9
10	Housekeepers	1.97	12.50	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.31	22.13	13
14	Clerical			14
15	Marketing	2.22	41.01	15
16	Other			16
17	Total (lines 1 thru 16)	54.48	\$ 17.41	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	0.007061%	1.07	\$ 5,028	1	
2					2	
3					3	
4					4	
5					5	
				Total	\$ 5028	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	N/A	\$
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: Azpira Place of Lake Zurich

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

VIII. OWNERSHIP COSTS

A. Purchase price of land 865,000 Year land was acquired 2017

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	120		2017		\$ 21,366,372	\$ 1,043,901	28	\$ 763,085	\$ (280,817)	\$ 3,052,340	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				44,613		20	2,230	2,230	5,728	6
7											7
8											8
9	Allocated from Pathway Management					9,422			(9,422)		9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 21,410,985	\$ 1,053,324		\$ 765,315	\$ (288,009)	\$ 3,058,068	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	\$ 1,348,025	\$	\$ 134,802	134,802		\$ 135,271	18
19	Vehicles	62,701		12,540	12,540		50,160	19
20	TOTAL (lines 18 and 19)	\$ 1,410,726	\$	\$ 147,342	147,342		\$ 185,431	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 Azpira Place of Lake Zurich

#

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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	Engineering Cost On Construction	2018	21,927		20	1,096	1,096	3,289	1
2	Elevator Repair & Replacement Parts	2018	3,424		20	171	171	513	2
3	Site Improvement	2019	19,262		20	963	963	1,926	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)		\$ 44,613	\$		\$ 2,230	\$ 2,230	\$ 5,728	34

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

Facility Name & ID Number Azpira Place of Lake Zurich

#

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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 Azpira Place of Lake Zurich

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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: Azpira Place of Lake Zurich

Report Period Beginning: 1/1/2020

Ending: 2/31/2020

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			/ /	719			5
6	Allocated from Pathway Management			/ /	12,710			6
7	TOTAL				\$ 13,429			7

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

9. Rental amount for movable equipment \$ 8,008

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	MB Financial Bank		X	Construction Loan	10/21/19	\$ 18,232,000	\$ 18,232,000	/ /		\$ 565,151
2	Wells Fargo		X	Bus Loan	2/1/17	62,701	14,438	1/31/22	6.7100	1,768
3					/ /			/ /		
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 18,294,701	\$ 18,246,438			\$ 566,919
	B. Non-Facility Related									
8	Interest Income				/ /			/ /		-1,050
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$ 18,294,701	\$ 18,246,438			\$ 565,870

* 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: Azpira Place of Lake Zurich

Report Period Beginning: 1/1/2020

Ending:

12/31/2020

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2020

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 563,833	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	815,503		3
4	Supply Inventory (priced at)	23,501		4
5	Short-Term Investments			5
6	Prepaid Insurance	96,408		6
7	Other Prepaid Expenses	42,100		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	2,779		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,544,124	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	865,000		13
14	Buildings, at Historical Cost	19,457,085		14
15	Leasehold Improvements, at Historical Cost	1,950,477		15
16	Equipment, at Historical Cost	1,423,282		16
17	Accumulated Depreciation (book methods)	(3,821,594)		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	701,807		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 20,576,057	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 22,120,181	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 49,395	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	114,639		30
31	Accrued Taxes Payable	353,075		31
32	Accrued Interest Payable	40,819		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	27,475		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 585,403	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	18,246,438		38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	12,216		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 18,258,654	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 18,844,057	\$	45
46	TOTAL EQUITY	\$ 3,276,124	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 22,120,181	\$	47

*(See instructions.)

Facility Name: Azpira Place of Lake Zurich

Report Period Beginning: 1/1/2020

Ending:

12/31/2020

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	\$ 6,728,913	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 6,728,913	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	854	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 854	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	1,050	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,050	14
D. Other Revenue (specify):			
15	See Attached	273,734	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 273,734	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 7,004,551	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	1,389,582	19
20	Health Care/ Personal Care	1,175,668	20
21	General Administration	1,780,470	21
B. Capital Expense			
22	Ownership	2,221,601	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)	\$ 6,567,321	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 437,230	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 437,230	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 2,116,217	32
33	Private Pay - Net Inpatient Revenue	4,525,696	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Assisted Living</u>	87,000	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 6,728,913	37