

		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>1000042</u></p> <p>Facility Name: <u>The Vistas Fox Valley</u></p> <hr/> <p>Address: <u>1599 Farnsworth</u> <u>Aurora</u> <u>60505</u> <small>Number City Zip Code</small></p> <p>County: <u>Kane</u></p> <p>Telephone Number: <u>(630) 896-7778</u> Fax # _____</p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>11/12/2004</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 Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____</td> <td style="width:33%; border: none;"><input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input checked="" type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____</td> <td style="width:33%; border: none;"><input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____</td> </tr> </table>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____	<input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input checked="" type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____	<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>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:20%; border: none;">Officer or Administrator of Provider</td> <td style="border: none;">(Signed) _____ (Date) _____</td> </tr> <tr> <td style="border: none;">(Type or Print Name) _____</td> <td style="border: none;">(Title) _____</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none;">Paid Preparer</td> <td style="border: none;">(Signed) _____ (Date) _____</td> </tr> <tr> <td style="border: none;">(Print Name and Title) _____</td> <td style="border: none;">(Firm Name & Address) <u>Marcum LLP</u> <u>Nine Parkway North, Suite 200 Deerfield, IL 60015</u></td> </tr> <tr> <td style="border: none;">(Telephone) <u>(847) 282-6300</u></td> <td style="border: none;">Fax <u>(847) 282-6301</u></td> </tr> </table>	Officer or Administrator of Provider	(Signed) _____ (Date) _____	(Type or Print Name) _____	(Title) _____	Paid Preparer	(Signed) _____ (Date) _____	(Print Name and Title) _____	(Firm Name & Address) <u>Marcum LLP</u> <u>Nine Parkway North, Suite 200 Deerfield, IL 60015</u>	(Telephone) <u>(847) 282-6300</u>	Fax <u>(847) 282-6301</u>
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(Telephone) <u>(847) 282-6300</u>	Fax <u>(847) 282-6301</u>													
<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>	<p>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 The Vistas Fox Valley

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	123	Single Unit Apartment	123	45,018	1
2	13	Double Unit Apartment	13	4,758	2
3		Other			3
4	136	TOTALS	136	49,776	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	33,409	2,774		36,183	5
6	Double Unit	1,541	898		2,439	6
7	Other					7
8	TOTALS	34,950	3,672		38,622	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 77.59%

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

None Also, indicate the number of unpaid bed-hold days the SLF had during this year. None (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)

N/A

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? _____
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? _____
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? _____
If no, explain. N/A

Facility Name: The Vistas Fox Valley

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	269,229	340,905	1,888	612,022	7,451	619,473	1
2	Housekeeping, Laundry and Maintenance	126,985	44,565	86,516	258,066	8,301	266,367	2
3	Heat and Other Utilities			158,751	158,751	(29,672)	129,079	3
4	Other (specify):							4
5	TOTAL General Services	396,214	385,470	247,155	1,028,839	(13,921)	1,014,918	5
B. Health Care and Programs								
6	Health Care/ Personal Care	887,453	82,423	5,598	975,474	78,955	1,054,429	6
7	Activities and Social Services	115,740		6,985	122,725	4,466	127,191	7
8	Other (specify): Allocated Related Party Benefits					4,625	4,625	8
9	TOTAL Health Care and Programs	1,003,193	82,423	12,583	1,098,199	88,046	1,186,245	9
C. General Administration								
10	Administrative and Clerical	206,122	22,004	279,796	507,922	180,759	688,681	10
11	Marketing Materials, Promotions and Advertising			4,220	4,220		4,220	11
12	Employee Benefits and Payroll Taxes			305,225	305,225		305,225	12
13	Insurance-Property, Liability and Malpractice			124,808	124,808	316	125,124	13
14	Other (specify): Allocated Related Party Benefits					19,895	19,895	14
15	TOTAL General Administration	206,122	22,004	714,049	942,175	200,970	1,143,145	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,605,529	489,897	973,787	3,069,213	275,096	3,344,309	16
Capital Expenses								
D. Ownership								
17	Depreciation					26,879	26,879	17
18	Interest			888	888	1,162	2,050	18
19	Real Estate Taxes			240,000	240,000	2,734	242,734	19
20	Rent -- Facility and Grounds			745,000	745,000	77	745,077	20
21	Rent -- Equipment			6,090	6,090	3,605	9,695	21
22	Other (specify):			256,904	256,904	(256,904)		22
23	TOTAL Ownership			1,248,882	1,248,882	(222,447)	1,026,435	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,605,529	489,897	2,222,669	4,318,095	52,649	4,370,744	24

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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1	Non-Straight Line Depreciation	21,524	17 1
2	Patient Personal Items	(1,700)	06 2
3	Penalties	(177)	10 3
4	Meals and Entertainment	(196)	10 4
5	Cable TV	(30,541)	03 5
6	Bank Charges	(50,000)	10 6
7	State Income Tax	(1,442)	10 7
8	Charity Contributions	(2,000)	10 8
9	Bad Debt Expense	(51,381)	10 9
10	Capitalized R&M	(2,663)	02 10
11	Non-Allowable Expense	(256,904)	22 11
12	Interest Income	(1,847)	08 12
13	Rebates	(6,236)	06 13
14			14
15	Legacy Healthcare		15
16	Dietician Salary	2,553	01 16
17	Dietary Supplies	14	01 17
18	Food	4,884	01 18
19	Housekeeping	1,665	02 19
20	Linens Replacement	113	02 20
21	Maintenance Salary	7,877	02 21
22	Repairs & Maintenance	468	02 22
23	Nursing Salary	65,200	06 23
24	Nurse/Medical Director Consultant	6,154	06 24
25	Medical Supplies	14,008	06 25
26	Social Service Salary	4,442	07 26
27	Activities Program	7	07 27
28	Social Services Consultant	18	07 28
29	CCO / Administrative Salary	49,638	10 29
30	Professional Fees	16,296	10 30
31	Dues / Licenses / Permits	2,782	10 31
32	Clerical & General Wages	200,278	10 32
33	Clerical & Office Expense	14,605	10 33
34	Education & Seminars	111	10 34
35	Travel	3,711	10 35
36	Insurance - General	98	13 36
37	Non-Nursing Payroll Taxes / Benefits	19,895	14 37
38	Rent	25,121	20 38
39	Office Storage / Parking	77	20 39
40	Equipment Rental	335	21 40
41	Auto Rental	3,269	21 41
42	Nursing Payroll Taxes / Benefits	4,625	08 42
43			43
44	CF St. Louis		44
45	Utilities	868	03 45
46	Repairs & Maintenance	841	02 46
47	Property Valuation Fees	297	10 47
48	Accounting Fees	68	10 48
49	Office Expense	202	10 49
50	Insurance	218	13 50
51	Depreciation	5,355	17 51
52	Interest Expense	3,009	18 52
53	Real Estate Taxes	2,734	19 53
54	Rent	(25,121)	20 54
55			55
56	ProPayHR		56
57	Payroll Processing	(2,431)	10 57
58			58
59			59
60			60
61			61
62			62
63			63
64			64
65			65
66			66
67			67
68			68
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85			85
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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			100
101	Total	52,649	101

Facility Name: The Vistas Fox Valley

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	1.6	\$ 67.17	1
2	Licensed Practical Nurses	3.1	33.51	2
3	Certified Nurse Assistants	13.7	15.85	3
4	Activity Director & Assistants	1.3	17.21	4
5	Social Service Workers	1.6	20.51	5
6	Head Cook	4.1	17.18	6
7	Cook Helpers/Assistants	4.8	12.30	7
8	Dishwashers			8
9	Maintenance Workers	1.0	23.96	9
10	Housekeepers	2.6	14.18	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.7	29.73	13
14	Clerical	2.9	17.24	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	38	\$	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	N/A			\$	1
2					2
3					3
4					4
5					5
				Total	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: See Attached If yes, what is the value of 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: The Vistas Fox Valley

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

VIII. OWNERSHIP COSTS

A. Purchase price of land 3,867 Year land was acquired _____

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											1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				353,692	4,937	20	17,397	12,460	61,248	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)				\$ 353,692	\$ 4,937		\$ 17,397	\$ 12,460	\$ 61,248	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	\$ 94,828	\$ 418	\$ 9,482	9,064		\$ 22,456	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 94,828	\$ 418	\$ 9,482	9,064		\$ 22,456	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 The Vistas Fox Valley

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	Patio	2017	13,300		20	665	665	2,660	1
2	Fence - West Side Of Bldg - Dog Walk	2017	5,400		20	270	270	1,080	2
3	Boiler & Mixing Valve	2017	3,410		20	171	171	682	3
4	Concrete Along Ramp, Wooden Fence	2017	4,600		20	230	230	920	4
5	96' Fence And 10' Wide Double Gate	2017	5,760		20	288	288	1,152	5
6	Enlarge Patio, Extend Fence	2017	4,800		20	240	240	960	6
7	Sidewalk Connecting Parking Lot & City Sidewalk	2017	3,700		20	185	185	740	7
8	Vinyl Flooring	2017	4,976		20	249	249	995	8
9	Lighting, Plumbing, Shelving - 103,106,122,225,506	2017	25,163		20	1,258	1,258	5,033	9
10	Cabinets For Remodeled Rooms 103,106,122,225,506	2017	2,632		20	132	132	526	10
11	Remove Old A/C & Install New Unit	2017	4,500		20	225	225	900	11
12	Mixing Valve Replacement	2017	3,543		20	177	177	709	12
13	Electrical Work On East/West Stairwell Doors	2017	3,000		20	150	150	600	13
14	Repipe At Water Boiler & Mixing Valve	2017	3,972		20	199	199	794	14
15	New Gutters & Downspouts Northeast Section Of Roof	2018	2,650		20	133	133	398	15
16	4 Heater Fans On Heaters	2019	4,200		20	210	210	420	16
17	Sealed And Striped Asphalt (\$3150)	2020	3,073		20	154	154	154	17
18	Installed Cables And Wall Mount Rake For Voice Term (\$3637)	2020	3,548		20	177	177	177	18
19	Installed Flooring/Panels In Kitchen (\$7625)	2020	7,438		20	372	372	372	19
20	Installed Pocket Pagers (\$3500)	2020	3,414		20	171	171	171	20
21	Installed Ptac (\$3242.8)	2020	3,164		20	316	316	316	21
22	Installed Handrails (\$12412)	2020	12,108		20	605	605	605	22
23	Installed Cabinets Accessible For Wheelchair (\$30000)	2020	29,265		20	1,463	1,463	1,463	23
24	Installed Insulating Cover Kits (\$3803.63)	2020	3,711		20	186	186	186	24
25	Instaled Concrete Patio, Sliding Door, Gutter (\$3800)	2020	3,707		20	185	185	185	25
26	Repaired Roof (\$4150)	2020	4,048		20	202	202	202	26
27	Installed And Repaired Door (\$2663.46)	2020	2,598		20	130	130	130	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 171,679	\$		\$ 8,742	\$ 8,742	\$ 22,531	34

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

Facility Name & ID Number The Vistas Fox Valley

#

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 The Vistas Fox Valley

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: The Vistas Fox Valley

Report Period Beginning: 1/1/2020

Ending: 2/31/2020

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: Tom Neshek

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	2004	136	06/01/18	\$ 745,000	10		3
4	Additions			/ /				4
5	Allocated from Legacy HC			/ /	77			5
6				/ /				6
7	TOTAL		136		\$ 745,077			7

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

9. Rental amount for movable equipment \$ 9,694

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					/ /	\$		/ /		\$
2					/ /			/ /		
3					/ /			/ /		
Working Capital										
4	CIBC		X	Line of Credit	/ /		110,300	/ /		888
5	Allocated from Legacy HC		X		/ /			/ /		3,009
6					/ /			/ /		
7	TOTAL Facility Related					\$	110,300			\$ 3,897
B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-1,847
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$	110,300			\$ 2,050

* 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: The Vistas Fox Valley

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	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,291,197	\$	1
2	Cash-Patient Deposits	23,146		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	533,055		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	31,880		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	257,989		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,137,267	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	173,083		15
16	Equipment, at Historical Cost	92,050		16
17	Accumulated Depreciation (book methods)	(1,548)		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	1,645,792		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,909,377	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,046,644	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 102,486	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	47,789		30
31	Accrued Taxes Payable	71,089		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	383,404		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 604,768	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	110,300		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	1,784,687		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 1,894,987	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 2,499,755	\$	45
46	TOTAL EQUITY	\$ 1,546,889	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 4,046,644	\$	47

*(See instructions.)

Facility Name: The Vistas Fox Valley

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	\$ 13,020,245	1
2	Discounts and Allowances	(8,682,933)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,337,312	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
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	1,847	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,847	14
D. Other Revenue (specify):			
15	See Attached	1,029,039	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 1,029,039	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 5,368,198	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	1,028,839	19
20	Health Care/ Personal Care	1,098,199	20
21	General Administration	942,175	21
B. Capital Expense			
22	Ownership	1,248,882	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)	\$ 4,318,095	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 1,050,103	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 1,050,103	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 3,997,427	32
33	Private Pay - Net Inpatient Revenue	339,885	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,337,312	37