

		FOR BHF USE			

LL2

Supportive Living Facility

2017

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2017)

IMPORTANT NOTICE

THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN SECTION 146.265 OF THE 89 IL ADMIN CODE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS.

I. Facility ID Number: 1000152

Facility Name: Azpira Place

Address: 795 North Rand Road Lake Zurich 60047

County: Lake

Telephone Number: (847) 440-3885 Fax #

Federal Employer ID Number:

Date Current Owners were Certified: 5/16/2017

Type of Ownership:

VOLUNTARY, NON-PROFIT
Charitable Corp.
Trust
IRS Exemption Code

X PROPRIETARY
Individual
Partnership
Corporation
"Sub-S" Corp.
Limited Liability Co.
Trust
X Other Limited Partnership

GOVERNMENTAL
State
County
Other

In the event there are further questions about this report, please contact:

Name: Steven N. Lavenda
Telephone Number: (847) 282 - 6300
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 5/16/2017 to 12/31/2017 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.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed)
(Date)
(Type or Print Name)
(Title)

Paid Preparer

(Signed)
* Subject to the attached Accountants' Consulting Report
(Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone)
Fax

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 Azpira Place

Report Period Beginning: 5/16/2017 Ending: 12/31/2017

III. STATISTICAL DATA

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

Date of change in certified units N/A

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	120	Single Unit Apartment	120	27,600	1
2		Double Unit Apartment			2
3		Other			3
4	120	TOTALS	120	27,600	4

B. Census-For the entire report period.

	1	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	5,147	6,187		11,334	5
6	Double Unit					6
7	Other					7
8	TOTALS	5,147	6,187		11,334	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 41.07%

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

140 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 5 (Do not include bed-hold days in Section B.)

E. Does page 3 include expenses for services or investments not directly related to SLF services?

YES ☐ NO ☒

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES ☐ NO ☒

G. List all services provided by your facility for non-residents. (E.g., day care, "meals on wheels", outpatient therapy)

None

H. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐

I. Is your fiscal year identical to your tax year? ☒ YES ☐ NO

Tax Year: 12/31/17 Fiscal Year: 12/31/17

* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? Yes If yes, did the facility make all of the required payments of interest and principle? Yes

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: Azpira Place

Report Period Beginning:

5/16/2017

Ending:

12/31/2017

IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
	A. General Services							
1	Dietary and Food Purchase	203,660	88,591	6,686	298,937	(4,000)	294,937	1
2	Housekeeping, Laundry and Maintenance	65,280	11,805	20,409	97,494	807	98,301	2
3	Heat and Other Utilities			58,060	58,060	(8,051)	50,009	3
4	Other (specify):							4
5	TOTAL General Services	268,940	100,396	85,155	454,491	(11,245)	443,246	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	302,765	1,156	41,467	345,388	4,871	350,259	6
7	Activities and Social Services	31,491	1,673	2,688	35,852	1,832	37,684	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	334,256	2,829	44,155	381,240	6,703	387,943	9
	C. General Administration							
10	Administrative and Clerical	137,750	16,470	187,163	341,383	(25,373)	316,010	10
11	Marketing Materials, Promotions and Advertising	110,688	4,599	101,409	216,696	9,257	225,953	11
12	Employee Benefits and Payroll Taxes			136,859	136,859		136,859	12
13	Insurance-Property, Liability and Malpractice			33,388	33,388	518	33,906	13
14	Other (specify):					8,757	8,757	14
15	TOTAL General Administration	248,438	21,069	458,819	728,326	(6,841)	721,485	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	851,634	124,294	588,129	1,564,057	(11,382)	1,552,675	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			693,284	693,284	216,674	909,958	17
18	Interest			440,171	440,171		440,171	18
19	Real Estate Taxes			168,167	168,167		168,167	19
20	Rent -- Facility and Grounds			233	233	2,830	3,063	20
21	Rent -- Equipment			4,602	4,602	25	4,627	21
22	Other (specify): Beaver & Beauty/Start-Up/Amort			256,429	256,429	(121,161)	135,268	22
23	TOTAL Ownership			1,562,886	1,562,886	98,368	1,661,254	23
24	GRAND TOTAL (Sum of lines 16 and 23)	851,634	124,294	2,151,015	3,126,943	86,986	3,213,929	24

STATE OF ILLINOIS		Page 3A
Aspira Place		
Report Period Beginning:	5/16/2017	
Ending:	12/31/2017	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight Line Depreciation	\$ 216,000	17 1
2 Guest Meals	(3,448)	01 2
3 Employee Meals	(732)	01 3
4 Maintenance Fees	(742)	02 4
5 Pet Fee	(14)	07 5
6 NSF Fees	(609)	10 6
7 Other Income	(2,047)	10 7
8 Meals & Entertainment	(890)	10 8
9 Bank Service Charges	(2,060)	10 9
10 Charitable Contributions	(40)	10 10
11 Resident Gifts	(15)	10 11
12 Resident Reimbursables	(59)	10 12
13 Cable TV	(8,128)	03 13
14 Management Fees	(85,429)	10 14
15 StartUp- Misc	(121,161)	22 15
16		16
17 PATHWAY SENIOR LIVING LLC		17
18 Dietary	176	01 18
19 Maintenance	274	02 19
20 Health Care/Personal Care	1,833	06 20
21 Community Life	1,691	07 21
22 Administrative	27,314	10 22
23 Marketing	3,474	11 23
24 Insurance	359	13 24
25 Employee Benefits	3,548	14 25
26 Rent - Building	310	20 26
27 Rent - Equipment	19	21 27
28		28
29 PATHWAY MANAGEMENT LLC		29
30 Maintenance	1,275	02 30
31 Utilities	77	03 31
32 Health Care/Personal Care	3,038	06 32
33 Community Life	153	07 33
34 Administrative	38,522	10 34
35 Marketing	3,783	11 35
36 Insurance	159	13 36
37 Employee Benefits	5,209	14 37
38 Depreciation	674	17 38
39 Rent - Building	2,538	20 39
40 Rent - Equipment	6	21 40
41		41
42		42
43		43
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95		95
96		96
97		97
98		98
99		99
100		100
101 Total	86,986	101

Facility Name: Azpira Place

Report Period Beginning 5/16/2017 Ending: 12/31/2017

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.24	\$ 29.78	1
2	Licensed Practical Nurses	1.07	20.75	2
3	Certified Nurse Assistants	6.12	14.12	3
4	Activity Director & Assistants	0.79	19.07	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	6.85	14.29	7
8	Dishwashers			8
9	Maintenance Workers	1.09	19.34	9
10	Housekeepers	1.02	10.10	10
11	Laundry			11
12	Managers			12
13	Other Administrative	3.26	20.32	13
14	Clerical			14
15	Marketing	1.57	33.93	15
16	Other			16
17	Total (lines 1 thru 16)	23.02	\$ 17.79	17

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 Schedule			

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%	0.46	\$ 2,282	1
2					2
3					3
4					4
5					5
Total				\$ 2282	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	N/A	\$ 1
2		2
Total		\$ 3

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 X 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 Report Period Beginning: 5/16/2017 Ending: 12/31/2017

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	\$ 693,958	28	\$ 763,085	\$ 69,127	\$ 763,085	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's										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)				\$ 21,366,372	\$ 693,958		\$ 763,085	\$ 69,127	\$ 763,085	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	\$ 1,343,331	\$	\$ 134,333	134,333		\$ 134,333	18
19	Vehicles	62,701		12,540	12,540		12,540	19
20	TOTAL (lines 18 and 19)	\$ 1,406,032	\$	\$ 146,873	146,873		\$ 146,873	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

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
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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.

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
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	\$	34

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

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

1 Improvement Type**		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
6									6
7									7
8									8
9									9
10									10
11									11
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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 Report Period Beginning: 5/16/2017 Ending: 2/31/2017

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? YES NO

		1 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 Total Years Renewal Option*		8. Is movable equipment rental included in building rental? YES NO
3	Original Building			/ /	\$			3	9. Rental amount for movable equipment \$ 4,627 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.
4	Additions			/ /				4	
5	Storage Rental			/ /	233			5	
6	Allocated from Pathway			/ /	2,830			6	
7	TOTAL				\$ 3,063			7	

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	1st Mortgage	10/14/15	\$ 17,725,268	\$ 17,725,268	/ /		\$ 436,890	1
2	Wells Fargo		X	Bus Loan	2/1/17	62,701	53,652	1/31/22	6.7100	3,281	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 17,787,969	\$ 17,778,920			\$ 440,171	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 17,787,969	\$ 17,778,920			\$ 440,171	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: Azpira Place

Report Period Beginning: 5/16/2017

Ending: 12/31/2017

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	348,936		3
4	Supply Inventory (priced at)	8,993		4
5	Short-Term Investments			5
6	Prepaid Insurance	58,410		6
7	Other Prepaid Expenses	6,119		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	574,598		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 997,056	\$	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	19,435,157		14
15	Leasehold Improvements, at Historical Cost	1,931,215		15
16	Equipment, at Historical Cost	1,406,032		16
17	Accumulated Depreciation (book methods)	(693,284)		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	697,497		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 23,641,617	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 24,638,673	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 32,238	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	60,040		30
31	Accrued Taxes Payable	252,250		31
32	Accrued Interest Payable	68,175		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	7,945		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 420,648	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	17,778,920		38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	3,457		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 17,782,377	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 18,203,025	\$	45
46	TOTAL EQUITY	\$ 6,435,648	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 24,638,673	\$	47

*(See instructions.)

Facility Name: Azpira Place

Report Period Beginning: 5/16/2017

Ending:

12/31/2017

XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

		1	
	I. Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 1,462,477	1
2	Discounts and Allowances		2
	SUBTOTAL Resident Care		
3	(line 1 minus line 2)	\$ 1,462,477	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	4,176	9
10	Laundry		10
	SUBTOTAL OTHER OPERATING REVENUE		
11	(sum of lines 4 thru 10)	\$ 4,176	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income		13
	SUBTOTAL Non-Operating Revenue		
14	(sum of lines 12 and 13)	\$	14
	D. Other Revenue (specify):		
15		47,339	15
16			16
	SUBTOTAL Other Revenue		
17	(sum of lines 15 and 16)	\$ 47,339	17
	TOTAL REVENUE		
18	(sum of lines 3, 11, 14 and 17)	\$ 1,513,992	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	454,491	19
20	Health Care/ Personal Care	381,240	20
21	General Administration	728,326	21
	B. Capital Expense		
22	Ownership	1,562,886	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
	TOTAL EXPENSES		
28	(sum of lines 19 thru 27)	\$ 3,126,943	28
	Income Before Income Taxes		
29	(line 18 minus line 28)	\$ (1,612,951)	29
	Income Taxes		
30		\$	30
	NET INCOME OR LOSS FOR THE YEAR		
31	(line 29 minus line 30)	\$ (1,612,951)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 582,785	32
33	Private Pay - Net Inpatient Revenue	807,941	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Mngd Care/2nd Person</u>	71,751	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 1,462,477	37