

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2021**

**STATE OF ILLINOIS**

**DEPARTMENT OF HEALTHCARE & FAMILY SERVICES**

**COST REPORT FOR**

**SUPPORTIVE LIVING FACILITIES**

**(FISCAL YEAR 2021)**

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.

<b>I. Facility ID Number:</b> 1000042  <b>Facility Name:</b> <u>The Vistas Fox Valley</u>  <b>Address:</b> <u>1599 Farnsworth</u> <u>Aurora</u> <u>60505</u> <div>Number City Zip Code</div> <b>County:</b> <u>Kane</u>  <b>Telephone Number:</b> <u>(630) 896-7778</u> <b>Fax #</b> _____  <b>Federal Employer ID Number:</b> _____  <b>Date Current Owners were Certified:</b> <u>11/12/2004</u>  <b>Type of Ownership:</b>  <div> <div> <input type="checkbox"/> VOLUNTARY, NON-PROFIT  <input type="checkbox"/> Charitable Corp.  <input type="checkbox"/> Trust            IRS Exemption Code _____         </div> <div> <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 _____         </div> <div> <input type="checkbox"/> GOVERNMENTAL  <input type="checkbox"/> State  <input type="checkbox"/> County  <input type="checkbox"/> Other _____         </div> </div>					<b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b>  <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2021</u> to <u>12/31/2021</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>				
					<div> <div> <b>Officer or Administrator of Provider</b>             (Signed) _____            (Type or Print Name) _____            (Title) _____         </div> <div>           (Signed) _____  <i>*Subject to the attached Accountants' Consulting Report</i>            (Print Name <u>Steven N. Lavenda, CPA</u>            and Title <u>Partner</u>            (Firm Name <u>Marcum LLP</u>            &amp; Address <u>Nine Parkway North, Suite 200 Deerfield, IL 60015</u>            (Telephone) <u>(847) 282-6300</u> Fax <u>(847) 282-6301</u> </div> </div>				
<b>In the event there are further questions about this report, please contact:</b> <b>Name:</b> <u>Steven N. Lavenda</u> <b>Telephone Number:</b> <u>(847) - 282- 6300</u> <b>Email Address:</b> _____					<b>MAIL TO: BUREAU OF HEALTH FINANCE</b> <b>IL DEPT OF HEALTHCARE AND FAMILY SERVICES</b> <b>201 S. Grand Avenue East</b> <b>Springfield, IL 62763-0001</b> <b>Phone # (217) 782-1630</b>				

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	44,895	1
2	13	Double Unit Apartment	13	4,745	2
3		Other			3
4	136	TOTALS	136	49,640	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	32,665	2,241		34,906	5
6	Double Unit	1,507	725		2,232	6
7	Other					7
8	TOTALS	34,172	2,966		37,138	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 74.81%

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

ACCRAUAL ☒ MODIFIED CASH\* ☐ CASH\* ☐

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

Tax Year: 12/31/21 Fiscal Year: 12/31/21

\* 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

## STATE OF ILLINOIS

Page 3

Facility Name: The Vistas Fox Valley

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

## 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			
	<b>A. General Services</b>					5	6	
1	Dietary and Food Purchase	41,377	48,044	535,578	624,999	2,049	627,048	1
2	Housekeeping, Laundry and Maintenance	170,450	45,642	78,215	294,307	14,323	308,630	2
3	Heat and Other Utilities			175,249	175,249	(35,359)	139,890	3
4	Other (specify):					560	560	4
5	<b>TOTAL General Services</b>	211,827	93,686	789,042	1,094,555	(18,427)	1,076,128	5
	<b>B. Health Care and Programs</b>							
6	Health Care/ Personal Care	813,389	31,223	496	845,108	99,788	944,896	6
7	Activities and Social Services	111,030		6,303	117,333	2,963	120,296	7
8	Other (specify):					4,636	4,636	8
9	<b>TOTAL Health Care and Programs</b>	924,419	31,223	6,799	962,441	107,387	1,069,828	9
	<b>C. General Administration</b>							
10	Administrative and Clerical	163,425	44,836	293,531	501,792	111,273	613,065	10
11	Marketing Materials, Promotions and Advertising			4,791	4,791		4,791	11
12	Employee Benefits and Payroll Taxes			247,042	247,042		247,042	12
13	Insurance-Property, Liability and Malpractice			108,082	108,082	8,723	116,805	13
14	Other (specify):					13,446	13,446	14
15	<b>TOTAL General Administration</b>	163,425	44,836	653,446	861,707	133,442	995,149	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	1,299,671	169,745	1,449,287	2,918,703	222,402	3,141,105	16
	<b>Capital Expenses</b>							
	<b>D. Ownership</b>							
17	Depreciation					27,662	27,662	17
18	Interest					1,483	1,483	18
19	Real Estate Taxes			148,036	148,036	2,329	150,365	19
20	Rent -- Facility and Grounds			1,315,964	1,315,964	100	1,316,064	20
21	Rent -- Equipment			5,663	5,663	2,903	8,566	21
22	Other (specify):			244,006	244,006	(244,006)		22
23	<b>TOTAL Ownership</b>			1,713,669	1,713,669	(209,529)	1,504,140	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	1,299,671	169,745	3,162,956	4,632,372	12,874	4,645,246	24

STATE OF ILLINOIS		Page 3A
The Vistas Fox Valley		
Report Period Beginning:	1/1/2021	
Ending:	12/31/2021	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight Line Depreciation	25,005	17 1
2 Penalties	(79)	10 2
3 Cable TV	(36,241)	03 3
4 Bank Charges	(10,307)	10 4
5 State Income Tax	(12,000)	10 5
6 Charity Contributions	(6,000)	10 6
7 Additional R&M	2,800	02 7
8 Rebates	(7,993)	06 8
9 Misc Income	(8)	10 9
10 Bad Debts	(144,772)	10 10
11 Non Allowable Expense	(244,006)	22 11
12		12
13		13
14 Legacy Healthcare		14
15 Dietician Salary	2,028	01 15
16 Dietary Supplies	21	01 16
17 Housekeeping	1,502	02 17
18 Utilities	10	03 18
19 Maintenance Salary	8,342	02 19
20 Repairs & Maintenance	514	02 20
21 General Service Payroll Taxes / Benefits	560	04 21
22 Medical Director Consultant	6,378	06 22
23 Nursing Salary	80,873	06 23
24 Nurse Consultant	1,978	06 24
25 Medical Supplies	26,368	06 25
26 Social Service Salary	2,963	07 26
27 Healthcare Payroll Taxes / Benefits	4,636	08 27
28 COO / Administrator Salary	57,944	10 28
29 Professional Fees	22,534	10 29
30 Dues / Licenses / Permits	3,925	10 30
31 Clerical & General Wages	183,812	10 31
32 Clerical & Office Expense	15,334	10 32
33 Education & Seminars	448	10 33
34 Travel	1,423	10 34
35 Insurance - General	8,563	13 35
36 General and Administrative Payroll Taxes / Benefits	13,446	14 36
37 Rent	19,500	20 37
38 Offsite Storage / Parking	100	20 38
39 Equipment Rental	316	21 39
40 Auto Rental	2,587	21 40
41 COVID-19	(7,816)	06 41
42		42
43 CF St. Louis		43
44 Utilities	873	03 44
45 Repairs And Maintenance	1,164	02 45
46 Property Valuation Fee	13	10 46
47 Professional Fees	124	10 47
48 Office Expense	568	10 48
49 Insurance	161	13 49
50 Depreciation	4,657	17 50
51 Interest Expense	1,483	18 51
52 Real Estate Taxes	2,329	19 52
53 Rent	(19,500)	20 53
54		54
55 ProPayHR		55
56 Payroll Processing	(1,685)	10 56
57		57
58		58
59		59
60		60
61		61
62		62
63		63
64		64
65		65
66		66
67		67
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90		90
91		91
92		92
93		93
94		94
95		95
96		96
97		97
98		98
99		99
100		100
101 Total	12,874	101

Facility Name: The Vistas Fox Valley

Report Period Beginning 1/1/2021 Ending: 12/31/2021

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.18	\$ 68.43	1
2	Licensed Practical Nurses	2.55	35.59	2
3	Certified Nurse Assistants	13.16	16.72	3
4	Activity Director & Assistants	1.34	16.66	4
5	Social Service Workers	1.59	19.59	5
6	Head Cook	0.60	18.35	6
7	Cook Helpers/Assistants	0.71	12.57	7
8	Dishwashers			8
9	Maintenance Workers	1.00	24.39	9
10	Housekeepers	3.06	18.79	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.01	43.64	13
14	Clerical	2.25	15.38	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	28.43	\$ 21.98	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 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? \$

(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).

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

Facility Name: The Vistas Fox Valley

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

**VIII. OWNERSHIP COSTS**A. Purchase price of land 3,390 Year land was acquired 2016

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
	<b>Improvement Type</b>										
6	Total From Supplemental Page 5's				373,675	4,304	20	18,294	13,989	74,763	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)				\$ 373,675	\$ 4,304		\$ 18,294	\$ 13,989	\$ 74,763	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	\$ 93,720	\$ 355	\$ 9,371	9,016		\$ 30,560	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 93,720	\$ 355	\$ 9,371	9,016		\$ 30,560	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 &amp; ID Number    The Vistas Fox Valley

#

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

**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	\$ 4,304	20	\$ 665	\$ (3,639)	\$ 3,325	1
2	Fence - West Side Of Bldg - Dog Walk	2017	5,400		20	270	270	1,350	2
3	Boiler & Mixing Valve	2017	3,410		20	171	171	853	3
4	Concrete Along Ramp, Wooden Fence	2017	4,600		20	230	230	1,150	4
5	96' Fence And 10' Wide Double Gate	2017	5,760		20	288	288	1,440	5
6	Enlarge Patio, Extend Fence	2017	4,800		20	240	240	1,200	6
7	Sidewalk Connecting Parking Lot & City Sidewalk	2017	3,700		20	185	185	925	7
8	Vinyl Flooring	2017	4,976		20	249	249	1,244	8
9	Lighting, Plumbing, Shelving - 103,106,122,225,506	2017	25,163		20	1,258	1,258	6,291	9
10	Cabinets For Remodeled Rooms 103,106,122,225,506	2017	2,632		20	132	132	658	10
11	Remove Old A/C & Install New Unit	2017	4,500		20	225	225	1,125	11
12	Mixing Valve Replacement	2017	3,543		20	177	177	886	12
13	Electrical Work On East/West Stairwell Doors	2017	3,000		20	150	150	750	13
14	Repipe At Water Boiler & Mixing Valve	2017	3,972		20	199	199	993	14
15	New Gutters & Downspouts Northeast Section Of Roof	2018	2,650		20	133	133	531	15
16	4 Heater Fans On Heaters	2019	4,200		20	210	210	630	16
17	Sealed And Striped Asphalt (\$3150)	2020	3,073		20	154	154	308	17
18	Installed Cables And Wall Mount Rake For Voice Term (\$3637)	2020	3,548		20	177	177	354	18
19	Installed Flooring/Panels In Kitchen (\$7625)	2020	7,438		20	372	372	744	19
20	Installed Pocket Pagers (\$3500)	2020	3,414		20	171	171	342	20
21	Installed Ptac (\$3242.8)	2020	3,164		20	158	158	474	21
22	Installed Handrails (\$12412)	2020	12,108		20	605	605	1,210	22
23	Installed Cabinets Accessible For Wheelchair (\$30000)	2020	29,265		20	1,463	1,463	2,926	23
24	Installed Insulating Cover Kits (\$3803.63)	2020	3,711		20	186	186	372	24
25	Instaled Concrete Patio, Sliding Door, Gutter (\$3800)	2020	3,707		20	185	185	370	25
26	Repaired Roof (\$4150)	2020	4,048		20	202	202	404	26
27	Installed And Repaired Door (\$2663.46)	2020	2,598		20	130	130	260	27
28	Installed New Doors (3450)	2021	3,378		20	169	169	169	28
29	Repaired Roof (3500)	2021	3,427		20	171	171	171	29
30	Repaired Roof (2800)	2021	2,741		20	137	137	137	30
31	Installed New Doors (5200)	2021	5,091		20	255	255	255	31
32	Install Steel Handrails At Concrete Patio (3780)	2021	3,701		20	185	185	185	32
33	Repaired Fire Alarm (3585)	2021	3,510		20	176	176	176	33
34	TOTAL (lines 1 thru 33)		\$ 193,529	\$ 4,304		\$ 9,677	\$ 5,373	\$ 32,207	34

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

**XI. OWNERSHIP COSTS (continued)**  
**B. Building and Improvement Costs-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	New Evaporator Coil For Walkin Cooler (3200)	2021	\$ 3,133	\$ 4,304	20	\$ 157	\$ (4,148)	\$ 157	1
2	Vinyl Wardrobe Doors (13,289)	2021	13,011		20	651	651	651	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)		\$ 16,144	\$ 4,304		\$ 807	\$ (3,497)	\$ 807	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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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: 1/1/2021 Ending: 12/31/2021

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		8. Is movable equipment rental included in building rental?
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*		YES NO
3	Original Building	2004	136	06/01/18	\$ 1,315,964	10		3	
4	Additions			/ /				4	
5				/ /				5	
6	Allocated from Legacy HC			/ /	100			6	
7	TOTAL		136		\$ 1,316,064			7	

9. Rental amount for movable equipment \$ 8,566

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					/ /	\$	\$	/ /		\$	1	
2					/ /			/ /			2	
3					/ /			/ /			3	
	Working Capital											
4					/ /			/ /			4	
5					/ /			/ /			5	
6					/ /			/ /			6	
7	TOTAL Facility Related					\$	\$				\$	7
	B. Non-Facility Related											
8	Allocated from CF St. Louis	X			/ /			/ /		1,483	8	
9					/ /			/ /			9	
10	TOTALS (lines 7, 8 and 9)					\$	\$				\$ 1,483	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.

## STATE OF ILLINOIS

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Facility Name: The Vistas Fox Valley

Report Period Beginning: 1/1/2021

Ending: 12/31/2021

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2021

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 23,840	\$	1
2	Cash-Patient Deposits	59,044		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	334,006		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	1,967		6
7	Other Prepaid Expenses	54,684		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <a href="#">See Attached</a>	189,700		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 663,241	\$	10
	<b>B. Long-Term Assets</b>			
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	207,902		15
16	Equipment, at Historical Cost	98,835		16
17	Accumulated Depreciation (book methods)	(53,825)		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): <a href="#">See Attached</a>	2,826,925		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 3,079,837	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 3,743,078	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 122,495	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	46,974		30
31	Accrued Taxes Payable	71,298		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36	<a href="#">See Attached</a>	388,256		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 629,023	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43	<a href="#">See Attached</a>	1,335,555		43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 1,335,555	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 1,964,578	\$	45
46	<b>TOTAL EQUITY</b>	\$ 1,778,500	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 3,743,078	\$	47

\*(See instructions.)

Facility Name: The Vistas Fox Valley

Report Period Beginning: 1/1/2021

Ending:

12/31/2021

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

1			
	I. Revenue	Amount	
	<b>A. SLF Resident Care</b>		
1	Gross SLF Resident Revenue	\$ 12,546,195	1
2	Discounts and Allowances	(8,453,838)	2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	\$ 4,092,357	3
	<b>B. Other Operating Revenue</b>		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants	25,705	6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals		9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	\$ 25,705	11
	<b>C. Non-Operating Revenue</b>		
12	Contributions		12
13	Interest and Other Investment Income	3,302	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	\$ 3,302	14
	<b>D. Other Revenue (specify):</b>		
15	See Attached	1,292,738	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	\$ 1,292,738	17
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	\$ 5,414,102	18

2			
	II. Expenses	Amount	
	<b>A. Operating Expenses</b>		
19	General Services	1,094,555	19
20	Health Care/ Personal Care	962,441	20
21	General Administration	861,707	21
	<b>B. Capital Expense</b>		
22	Ownership	1,713,669	22
	<b>C. Other Expenses</b>		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	\$ 4,632,372	28
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	\$ 781,730	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	\$ 781,730	31
	<b>III. Net Resident Care Revenue detailed by Payer Source</b>		
32	Medicaid - Net Inpatient Revenue	\$ 3,732,832	32
33	Private Pay - Net Inpatient Revenue	359,525	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	\$ 4,092,357	37