

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 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	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

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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

Aspira Place

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Sch. V Line

Table with columns: Line, Description, Amount, Reference. Includes categories like NON-ALLOWABLE EXPENSES, PATHWAY SENIOR LIVING LLC, and PATHWAY MANAGEMENT LLC.

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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

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

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			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
See Schedule					

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).

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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	FOR BHF USE ONLY	2	3	4	5	6	7	8	9		
	Units*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	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	2	3	4	5	6	
		Cost	Current Book Depreciation	Straight Line Depreciation	Adjustments	Life in Years	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	2	3	4	
	Description and Year Acquired	Cost	Current Book Depreciation	Accumulated Depreciation	
21		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

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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.

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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							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$

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

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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							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
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19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$

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

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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			/ /	233			5
6	Allocated from Pathway			/ /	2,830			6
7	TOTAL				\$ 3,063			7

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

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.

X. INTEREST EXPENSE

	1	Name of Lender	2		3	4	6		7	8	9	
			Related**				Purpose of Loan	Date of Note				
			YES	NO			Original					
		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.

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XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

		1	2	
		Operating	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	2	
		Operating	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.)

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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