FOR BHF USE

LL2

Supportive Living Facility

2016

STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2016)

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: 1000005

Facility Name: Barton Senior Resid of Chgo

Address: 1245 South Wood (Number) Chicago (City) 60608 (Zip Code)

County: Cook

Telephone Number: (847) 441-8200 **Fax #** 847 441-0800

Federal Employer ID Number: 36-4257687

Date Current Owners were Certified: 1/1/2000

Type of Ownership:

	VOLUNTARY, NON-PROFIT	x	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
		x	Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Anca Oviedo **Telephone Number:** (847 441-8200
Email Address: aoviedo@bartonhealthcare.org

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2016 to 12/31/2016 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) 3/29/2017 (Date)
(Type or Print Name) Anca Oviedo
(Title) Chief Financial Officer

Paid Preparer

(Signed)
(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: Barton Senior Resid of Chgo Report Period Beginning: 1/1/2016 Ending: 12/31/2016

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days
Date of change in certified units: / /

	1 Units at Beginning of Report Period	2 Type of Apartment	3 Units at End of Report Period	4 Unit Days During Report Period	
1	134	Single Unit Apartment	134	48,910	1
2	11	Double Unit Apartment	11	4,015	2
3		Other			3
4	145	TOTALS	145	52,925	4

B. Census-For the entire report period.

	1 Type of Unit	2 Resident Days by Unit and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
5	Single Unit	28,817	655	8,316	37,788	5
6	Double Unit					6
7	Other					7
8	TOTALS	28,817	655	8,316	37,788	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 71.40%

D. Indicate the number of paid bed-hold days the SLF had during this year 942 **Also, indicate the number of unpaid bed-hold days the SLF had during this year.** 110 **(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 [x]

F. Does the BALANCE SHEET reflect any non-SLF assets?
YES [ ] NO [x]

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

H. ACCOUNTING BASIS
ACCRUAL [x] MODIFIED CASH* [ ] CASH* [ ]

I. Is your fiscal year identical to your tax year? [x] YES [ ] NO
Tax Year: Fiscal Year:
* 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 principle?**
If no, explain.

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?**
If no, explain.

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?**
If no, explain.

Facility Name: Barton Senior Resid of Chgo **Report Period Beginning: 1/1/2016 Ending: 12/31/2016**

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

	Operating Expenses	Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage	Supplies	Other	Total			
	A. General Services	1	2	3	4	5	6	
1	Dietary and Food Purchase	355,594	287,334	3,160	646,088		646,088	1
2	Housekeeping, Laundry and Maintenance	197,247	33,138	168,280	398,665		398,665	2
3	Heat and Other Utilities			214,799	214,799		214,799	3
4	Other (specify):							4
5	**TOTAL General Services**	552,841	320,472	386,239	1,259,552		1,259,552	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	641,142	11,292		652,434		652,434	6
7	Activities and Social Services	151,381	5,245	3,900	160,526		160,526	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	792,523	16,537	3,900	812,960		812,960	9
	C. General Administration							
10	Administrative and Clerical	381,995	8,323	705,727	1,096,045		1,096,045	10
11	Marketing Materials, Promotions and Advertising			14,569	14,569		14,569	11
12	Employee Benefits and Payroll Taxes			229,938	229,938		229,938	12
13	Insurance-Property, Liability and Malpractice			102,870	102,870		102,870	13
14	Other (specify):							14
15	**TOTAL General Administration**	381,995	8,323	1,053,104	1,443,422		1,443,422	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	1,727,359	345,332	1,443,243	3,515,934		3,515,934	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			507,502	507,502	(45,218)	462,284	17
18	Interest			176,576	176,576		176,576	18
19	Real Estate Taxes			78,262	78,262		78,262	19
20	Rent -- Facility and Grounds			89,889	89,889		89,889	20
21	Rent -- Equipment			5,965	5,965		5,965	21
22	Other (specify):: MIP Insurance			38,625	38,625		38,625	22
23	**TOTAL Ownership**			896,819	896,819	(45,218)	851,601	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	1,727,359	345,332	2,340,062	4,412,753	(45,218)	4,367,535	24

Facility Name: Barton Senior Resid of Chgo **Report Period Beginning: 1/1/2016 Ending: 12/31/2016**

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2	$ 38.82	1
2	Licensed Practical Nurses	4	25.12	2
3	Certified Nurse Assistants	13	11.27	3
4	Activity Director & Assistants	1	15.02	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	14	10.65	7
8	Dishwashers			8
9	Maintenance Workers	1	23.97	9
10	Housekeepers	7	10.57	10
11	Laundry			11
12	Managers	1	53.07	12
13	Other Administrative	6	17.77	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	49	$	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				$	1
2					2
3					3
4					4
5					5
			Total	$	6

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1		$	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		OTHER RELATED BUSINESS ENTITIES		
Name 1	City 2	Name 3	City 4	Type of Business 5
		Barton Management	Northfield, Illinois	Management

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 [x]
Name of related entity: _____ **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 [x]
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: Barton Senior Resid of Chgo **Report Period Beginning:** 1/1/2016 **Ending:** 12/31/2016

VIII. OWNERSHIP COSTS

A. Purchase price of land _____ **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				2001	$ 12,437,545	$ 452,274	30	$ 414,585	$ (37,689)	$ 7,141,977	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Building Improvement			2001	16,810	611	30	560	(51)	9,445	6
7	Building Improvement			2002	15,063	548	30	502	(46)	7,843	7
8	Building Improvement			2003	7,757	282	30	259	(23)	3,678	8
9	Building Improvement			2004	1,845	67	30	62	(5)	835	9
10	Building Improvement			2005	8,532	310	30	284	(26)	3,449	10
11	Building Improvement			2006	1,771		30			1,771	11
12	Building Improvement			2007	46,041	1,674	30	1,535	(139)	16,531	12
13	Building Improvement			2008	28,159	1,024	30	939	(85)	8,747	13
14	Building Improvement			2009	57,483	3,395	30	1,916	(1,479)	32,534	14
15	Building Improvement			2010	18,318	1,082	30	611	(471)	9,126	15
16	Building Improvement			2011	22,680	1,413	30	756	(657)	9,959	16
17	TOTAL (lines 1 thru 16)				$ 12,662,004	$ 462,680		$ 422,009	$ (40,671)	$ 7,245,895	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	$	$	$	$		$	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	$	$	$	$		$	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: Barton Senior Resid of Chgo Report Period Beginning: 1/1/2016 Ending: 12/31/2016

VIII. OWNERSHIP COSTS

A. Purchase price of land _____ 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	Balance carried forward from Page 5				12,662,004	462,680	30	422,009	(40,671)	7,245,895	6
7	Building Improvement			2012	3,700	256	30	123	(133)	1,394	7
8	Building Improvement			2014	2,147	412	30	72	(340)	1,530	8
9	Building Improvement			2014	80,105	2,913	30	2,670	(243)	7,161	9
10	First Floor Renovation			2015	156,741	5,700	30	5,225	(475)	8,550	10
11	Carpeting			2015	5,735	545	30	191	(354)	832	11
12	Parling lot Seal Coat			2015	2,624	249	30	87	(162)	380	12
13	Tuckpointing			2015	2,500	238	30	83	(155)	363	13
14	Building Improvement			2015	5,700	542	30	190	(352)	827	14
15	Tuckpointing			2015	500	48	30	17	(31)	73	15
16	Carpeting			2016	4,588	229	30	153	(76)	229	16
17	TOTAL (lines 1 thru 16)				$ 12,926,344	$ 473,812		$ 430,820	$ (42,992)	$ 7,267,234	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	$	$	$	$		$	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	$	$	$	$		$	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: Barton Senior Resid of Chgo **Report Period Beginning:** 1/1/2016 **Ending:** 12/31/2016

VIII. OWNERSHIP COSTS

A. Purchase price of land _____ **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	Balance carried forward from Page 5				12,926,344	473,812	30	430,820	(42,992)	7,267,234	6
7	HVAC			2016	43,740	2,188	30	1,458	(730)	2,188	7
8	Building Improvement			2016	29,051	352	30	968	616	352	8
9	Building Improvement										9
10	Building Improvement										10
11	Building Improvement										11
12	Building Improvement										12
13	Building Improvement										13
14	Building Improvement										14
15	Building Improvement										15
16	Building Improvement										16
17	TOTAL (lines 1 thru 16)				$ 12,999,135	$ 476,352		$ 433,246	$ (43,106)	$ 7,269,774	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	$ 996,418	$ 31,149	$ 29,037	(2,112)	7	$ 935,119	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	$ 996,418	$ 31,149	$ 29,037	(2,112)		$ 935,119	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: Barton Senior Resid of Chgo Report Period Beginning: 1/1/2016 Ending: 2/31/2016

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: _____

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? [x] 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*	
3	Original Building			/ /	$			3
4	Additions			/ /				4
5	Land Lease	1999		/ /	89,889	60	90	5
6				/ /				6
7	TOTAL				$ 89,889			7

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

9. Rental amount for movable equipment $ _____

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 Related** YES	2 Related** NO	3 Purpose of Loan	4 Date of Note	6 Amount of Note Original	6 Amount of Note Balance	7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
	A. Directly Facility Related										
	Long-Term										
1	H.U.D.		x	Mortgage	12/20/12	$ 7,808,400	$ 7,212,595	1/1/48	2.4200	$ 176,576	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 7,808,400	$ 7,212,595			$ 176,576	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 7,808,400	$ 7,212,595			$ 176,576	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: Barton Senior Resid of Chgo **Report Period Beginning:** 1/1/2016 **Ending:** 12/31/2016

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2016 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 1,049,973	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,476,221		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	44,695		6
7	Other Prepaid Expenses	69,120		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,640,009	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost	12,437,546		14
15	Leasehold Improvements, at Historical Cost	561,593		15
16	Equipment, at Historical Cost	996,417		16
17	Accumulated Depreciation (book methods)	(8,204,894)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	201,987		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(23,084)		20
21	Restricted Funds	888,882		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 6,858,447	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 9,498,456	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 443,306	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	72,739		30
31	Accrued Taxes Payable	119,800		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 635,845	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,212,595		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	**TOTAL Long-Term Liabilities (sum of lines 38 thru 43)**	$ 7,212,595	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 7,848,440	$	45
46	**TOTAL EQUITY**	$ 1,650,016	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 9,498,456	$	47

***(See instructions.)**

Facility Name: Barton Senior Resid of Chgo **Report Period Beginning: 1/1/2016 Ending: 12/31/2016**

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

	I. Revenue	1 Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	$ 4,167,076	1
2	Discounts and Allowances		2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 4,167,076	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	2,294	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 2,294	14
	D. Other Revenue (specify):		
15			15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 4,169,370	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	1,259,552	19
20	Health Care/ Personal Care	812,960	20
21	General Administration	1,443,422	21
	B. Capital Expense		
22	Ownership	896,819	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)**	$ 4,412,753	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ (243,383)	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ (243,383)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 3,120,404	32
33	Private Pay - Net Inpatient Revenue	889,474	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) **Food Stamp Income**	157,198	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	$ 4,167,076	37