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: 1000073

Facility Name: Barton Senior Resid of Zion

Address: 3500 Sheridan Road (Number) Zion (City) 60099 (Zip Code)

County: Cook

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

Federal Employer ID Number: 84-1689898

Date Current Owners were Certified: 01/01/2007

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:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/17 to 12/31/17 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) 3/21/2018 (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 Zion Report Period Beginning: 01/01/17 Ending: 12/31/17

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	123	Single Unit Apartment	123	44,895	1
2		Double Unit Apartment			2
3	7	Other	7	2,555	3
4	130	TOTALS	130	47,450	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	6,485	10,798	27,630	44,913	5
6	Double Unit					6
7	Other					7
8	TOTALS	6,485	10,798	27,630	44,913	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 94.65%

D. Indicate the number of paid bed-hold days the SLF had during this year 605 **Also, indicate the number of unpaid bed-hold days the SLF had during this year.** _____ **(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? Yes **If yes, did the facility make all of the required payments of interest and principle?** Yes
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 Zion **Report Period Beginning: 01/01/17 Ending: 12/31/17**

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	361,706	350,074	4,622	716,402		716,402	1
2	Housekeeping, Laundry and Maintenance	217,251	36,689	118,804	372,744		372,744	2
3	Heat and Other Utilities			152,844	152,844		152,844	3
4	Other (specify):							4
5	**TOTAL General Services**	578,957	386,763	276,270	1,241,990		1,241,990	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	796,310	16,771		813,081		813,081	6
7	Activities and Social Services	215,147	13,862	3,165	232,174		232,174	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	1,011,457	30,633	3,165	1,045,255		1,045,255	9
	C. General Administration							
10	Administrative and Clerical	243,223	15,778	1,858,759	2,117,760		2,117,760	10
11	Marketing Materials, Promotions and Advertising			4,822	4,822		4,822	11
12	Employee Benefits and Payroll Taxes			335,743	335,743		335,743	12
13	Insurance-Property, Liability and Malpractice			85,601	85,601		85,601	13
14	Other (specify):							14
15	**TOTAL General Administration**	243,223	15,778	2,284,925	2,543,926		2,543,926	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	1,833,637	433,174	2,564,360	4,831,171		4,831,171	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			587,480	587,480	(67,122)	520,358	17
18	Interest			434,565	434,565		434,565	18
19	Real Estate Taxes			180,013	180,013		180,013	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			1,371	1,371		1,371	21
22	Other (specify): Loan Costs			66,723	66,723		66,723	22
23	**TOTAL Ownership**			1,270,152	1,270,152	(67,122)	1,203,030	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	1,833,637	433,174	3,834,512	6,101,323	(67,122)	6,034,201	24

Facility Name: Barton Senior Resid of Zion **Report Period Beginning: 01/01/17 Ending: 12/31/17**

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2	$ 38.94	1
2	Licensed Practical Nurses	4	26.33	2
3	Certified Nurse Assistants	11	11.94	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	16	11.22	7
8	Dishwashers			8
9	Maintenance Workers	1	29.56	9
10	Housekeepers	6	11.11	10
11	Laundry			11
12	Managers	1	53.78	12
13	Other Administrative	1	29.44	13
14	Clerical	5	15.76	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	47	$	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 Inc		Northfield		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 Zion Report Period Beginning: 01/01/17 Ending: 12/31/17

VIII. OWNERSHIP COSTS

A. Purchase price of land 500,000 Year land was acquired 2006

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			2007	2007	$ 14,442,739	$ 525,191	30	$ 481,425	$ (43,766)	$ 5,711,107	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Building Improvement			2007	705,823	41,714	30	23,527	(18,187)	518,287	6
7	Building Improvement			2008	3,532	208	30	118	(90)	2,386	7
8	Building Improvement			2012	4,361	272	30	145	(127)	1,915	8
9	Building Improvement			2013	5,400	374	30	180	(194)	2,035	9
10	Building Improvement			2015	14,220	3,279	30	474	(2,805)	5,339	10
11	Building Improvement			2017	17,533	877	30	584	(293)	877	11
12	Building Improvement			2017	18,478	924	30	616	(308)	924	12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				$ 15,212,086	$ 572,839		$ 507,069	$ (65,770)	$ 6,242,870	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	$ 1,056,403	$ 14,642	$ 13,290	(1,352)	7	$ 1,027,892	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	$ 1,056,403	$ 14,642	$ 13,290	(1,352)		$ 1,027,892	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 Zion Report Period Beginning: 01/01/17 Ending: 12/31/17

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? ☐ 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				/ /				5
6				/ /				6
7	TOTAL				$			7

8. Is movable equipment rental included in building rental? ☐ YES ☐ 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	IHDA		x	Mortgage	11/1/05	$ 8,950,000	$ 7,762,860	6/1/42	5.5500	$ 434,565	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 8,950,000	$ 7,762,860			$ 434,565	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 8,950,000	$ 7,762,860			$ 434,565	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 Zion **Report Period Beginning:** 01/01/17 **Ending:** 12/31/17

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/17 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 2,113,498	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	37,656		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	9,721		6
7	Other Prepaid Expenses	15,855		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,176,730	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	500,000		13
14	Buildings, at Historical Cost	14,442,739		14
15	Leasehold Improvements, at Historical Cost	769,347		15
16	Equipment, at Historical Cost	1,056,403		16
17	Accumulated Depreciation (book methods)	(7,270,760)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	298,666		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(148,796)		20
21	Restricted Funds	2,297,054		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 11,944,653	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 14,121,383	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 1,599,369	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	79,349		30
31	Accrued Taxes Payable	216,199		31
32	Accrued Interest Payable	37,520		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)**	$ 1,932,437	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,762,860		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)**	$ 7,762,860	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 9,695,297	$	45
46	**TOTAL EQUITY**	$ 4,426,086	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 14,121,383	$	47

***(See instructions.)**

Facility Name: Barton Senior Resid of Zion **Report Period Beginning: 01/01/17 Ending: 12/31/17**

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	$ 5,017,957	1
2	Discounts and Allowances		2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 5,017,957	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	14,286	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 14,286	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)**	$ 5,032,243	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	1,241,990	19
20	Health Care/ Personal Care	1,045,255	20
21	General Administration	2,543,926	21
	B. Capital Expense		
22	Ownership	1,270,152	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)**	$ 6,101,323	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ (1,069,080)	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ (1,069,080)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 2,848,329	32
33	Private Pay - Net Inpatient Revenue	2,050,219	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)	119,399	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	$ 5,017,947	37