

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2020  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2020)**

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.

<p><b>I. Facility ID Number:</b> <u>1000073</u></p> <p><b>Facility Name:</b> <u>Barton Senior Resid of Zion</u></p> <hr/> <p><b>Address:</b> <u>3500 Sheridan Road</u> <u>Zion</u> <u>60099</u></p> <p align="center">Number City Zip Code</p> <p><b>County:</b> <u>Lake</u></p> <p><b>Telephone Number:</b> ( <u>847</u> ) <u>441-8200</u> Fax # ( <u>847</u> ) <u>441-0800</u></p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>01/01/2007</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td><b>IRS Exemption Code</b> _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td>_____</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Limited Liability Co.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td>_____</td> </tr> </table> <p><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Larry Templin</u> <b>Telephone Number:</b> ( <u>630</u> ) <u>361-2868</u>  <b>Email Address:</b> _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	<b>IRS Exemption Code</b> _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.	_____		<input checked="" type="checkbox"/> Limited Liability Co.	_____		<input type="checkbox"/> Trust	_____		<input type="checkbox"/> Other _____	_____	<p><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/20</u> to <u>12/31/20</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 align="center">Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%; vertical-align: top;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) _____</td> <td></td> </tr> <tr> <td></td> <td>(Title) _____</td> <td></td> </tr> <tr> <td style="vertical-align: top;">Paid Preparer</td> <td>(Signed) <u>SEE ACCOUNTANT'S COMPILATION REPORT</u></td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) <u>Larry Templin Partner</u></td> <td></td> </tr> <tr> <td></td> <td>(Firm Name &amp; Address) <u>Templin Healthcare Accounting Services, LLP P.O. Box 326, Plainfield, IL 60544-0326</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) ( <u>630</u> ) <u>361-2868</u> Fax # ( ) _____</td> <td></td> </tr> </table> <p align="right">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</p>	Officer or Administrator of Provider	(Signed) _____	(Date) _____		(Type or Print Name) _____			(Title) _____		Paid Preparer	(Signed) <u>SEE ACCOUNTANT'S COMPILATION REPORT</u>	(Date) _____		(Print Name and Title) <u>Larry Templin Partner</u>			(Firm Name & Address) <u>Templin Healthcare Accounting Services, LLP P.O. Box 326, Plainfield, IL 60544-0326</u>			(Telephone) ( <u>630</u> ) <u>361-2868</u> Fax # ( ) _____	
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Facility Name Barton Senior Resid of Zion

Report Period Beginning: 1/1/20 Ending: 12/31/20

**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	45,018	1
2		Double Unit Apartment			2
3	7	Other	7	2,562	3
4	130	TOTALS	130	47,580	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	32,743	5,543		38,286	5
6	Double Unit					6
7	Other					7
8	TOTALS	32,743	5,543		38,286	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 80.47%

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

356 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 40 (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: 12/31/20 Fiscal Year: 12/31/20

\* 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 principal? 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 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

Facility Name: Barton Senior Resid of Zion

Report Period Beginning:

1/1/20

Ending:

12/31/20

## 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>								
1	Dietary and Food Purchase	397,189	416,444	943	814,576	(1,002)	813,574	1
2	Housekeeping, Laundry and Maintenance	228,574	50,170	142,627	421,371		421,371	2
3	Heat and Other Utilities			155,240	155,240		155,240	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>625,763</b>	<b>466,614</b>	<b>298,810</b>	<b>1,391,187</b>	<b>(1,002)</b>	<b>1,390,185</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	804,448	103,076	592	908,116		908,116	6
7	Activities and Social Services	268,357	10,119	870	279,346		279,346	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>1,072,805</b>	<b>113,195</b>	<b>1,462</b>	<b>1,187,462</b>		<b>1,187,462</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	340,781	22,311	1,294,745	1,657,837	(35,889)	1,621,948	10
11	Marketing Materials, Promotions and Advertising			16,014	16,014		16,014	11
12	Employee Benefits and Payroll Taxes			310,038	310,038		310,038	12
13	Insurance-Property, Liability and Malpractice			95,666	95,666		95,666	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	<b>340,781</b>	<b>22,311</b>	<b>1,716,463</b>	<b>2,079,555</b>	<b>(35,889)</b>	<b>2,043,666</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>2,039,349</b>	<b>602,120</b>	<b>2,016,735</b>	<b>4,658,204</b>	<b>(36,891)</b>	<b>4,621,313</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			603,169	603,169	(68,419)	534,750	17
18	Interest			408,233	408,233	(14,442)	393,791	18
19	Real Estate Taxes			157,277	157,277		157,277	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			1,457	1,457		1,457	21
22	Other (specify): See Attached Schedule I			61,937	61,937		61,937	22
23	<b>TOTAL Ownership</b>			<b>1,232,073</b>	<b>1,232,073</b>	<b>(82,861)</b>	<b>1,149,212</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>2,039,349</b>	<b>602,120</b>	<b>3,248,808</b>	<b>5,890,277</b>	<b>(119,752)</b>	<b>5,770,525</b>	<b>24</b>

Facility Name: Barton Senior Resid of Zion

Report Period Beginning: 1/1/20 Ending: 12/31/20

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.10	\$ 42.40	1
2	Licensed Practical Nurses	5.25	26.74	2
3	Certified Nurse Assistants	11.50	14.88	3
4	Activity Director & Assistants	6.25	19.86	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	14.50	13.22	7
8	Dishwashers			8
9	Maintenance Workers	1.25	26.59	9
10	Housekeepers	5.25	13.70	10
11	Laundry			11
12	Managers	1.00	35.18	12
13	Other Administrative			13
14	Clerical	5.25	12.76	14
15	Marketing			15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>51.35</b>	<b>\$ 16.62</b>	<b>17</b>

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
<b>Total</b>				<b>\$</b>	<b>6</b>

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	None	\$ 1
2		2
<b>Total</b>		<b>\$ 3</b>

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

OTHER RELATED BUSINESS ENTITIES					
Name	3	City	4	Type of Business	5
Barton Management, Inc.		Northfield, IL		Management Co	

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).

Facility Name: Barton Senior Resid of Zion

Report Period Beginning:

1/1/20

Ending:

12/31/20

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)	\$ 7,155,382	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Building Improvement		2007		705,823	41,644	30	23,527	(18,117)	588,868	6
7	Building Improvement		2008		3,532	209	30	118	(91)	2,740	7
8	Building Improvement		2012		4,361	258	30	145	(113)	2,350	8
9	Building Improvement		2013		5,400	318	30	180	(138)	2,575	9
10	Building Improvement		2015		14,220	886	30	474	(412)	948	10
11	Building Improvement		2017		17,533	1,350	30	584	(766)	1,168	11
12	Building Improvement		2017		18,478	1,423	30	616	(807)	1,232	12
13	Compressors		2018		10,778	922	30	359	(563)	718	13
14	Pavement		2018		6,175	528	30	206	(322)	412	14
15	Dining Room-Paint, Wall Coverings, Blinds		2019		69,414	6,858	15	4,628	(2,230)	6,942	15
16											16
17	TOTAL (lines 1 thru 16)				\$ 15,298,453	\$ 579,587		\$ 512,262	\$ (67,325)	\$ 7,763,335	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	\$ 1,095,842	\$ 13,202	\$ 17,999	4,797	7 Years	\$ 1,079,801	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 1,095,842	\$ 13,202	\$ 17,999	4,797		\$ 1,079,801	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	N/A	\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name & ID Number Barton Senior Resid of Zion

#

Report Period Beginning:

1/1/20

Ending:

12/31/20

**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	Totals from Page 5, Carried Forward		\$ 15,298,453	\$ 579,587		\$ 512,262	\$ (67,325)	\$ 7,763,335	1
2									2
3	Tiles, remodeling and flooring	2020	97,240	8,508	15	3,241	(5,267)	3,241	3
4	Asphalt and Lot resurfacing	2020	37,442	1,872	15	1,248	(624)	1,248	4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
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29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 15,433,135	\$ 589,967		\$ 516,751	\$ (73,216)	\$ 7,767,824	34

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

Facility Name: Barton Senior Resid of Zion

Report Period Beginning: 1/1/20

Ending: 12/31/20

**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			/ /	\$ N/A			3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	<b>TOTAL</b>				\$			7

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

9. Rental amount for movable equipment \$ N/A

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**	YES			NO	Purpose of Loan				
			YES	NO			Original	Balance				
		<b>A. Directly Facility Related</b>										
		<b>Long-Term</b>										
1		IHDA		X	Mortgage	11/1/05	\$ 8,950,000	\$ 7,276,278	6/1/42	5.5000	\$ 408,233	1
2						/ /			/ /			2
3						/ /			/ /			3
		<b>Working Capital</b>										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		<b>TOTAL Facility Related</b>					\$ 8,950,000	\$ 7,276,278			\$ 408,233	7
		<b>B. Non-Facility Related</b>										
8						/ /			/ /			8
9						/ /		Offset Int Inc	/ /		(14,442)	9
10		<b>TOTALS (lines 7, 8 and 9)</b>					\$ 8,950,000	\$ 7,276,278			\$ 393,791	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: 1/1/20

Ending:

12/31/20

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/20

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 1,490,555	\$ 1,490,555	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>125,000</u> )	339,257	339,257	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	39,619	39,619	6
7	Other Prepaid Expenses	13,727	13,727	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,883,158	\$ 1,883,158	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	500,000	500,000	13
14	Buildings, at Historical Cost	14,442,739	14,442,739	14
15	Leasehold Improvements, at Historical Cost	990,395	990,396	15
16	Equipment, at Historical Cost	1,095,842	1,095,842	16
17	Accumulated Depreciation (book methods)	(9,055,423)	(8,847,625)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	2,634,674	2,634,674	21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Loan Costs, net</u>	129,542	129,542	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 10,737,769	\$ 10,945,568	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 12,620,927	\$ 12,828,726	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 887,793	\$ 887,793	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	25,840	25,840	30
31	Accrued Taxes Payable	184,177	184,177	31
32	Accrued Interest Payable	35,169	35,169	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 1,132,979	\$ 1,132,979	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,276,278	7,276,278	39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42	<u>PPP Loan</u>	324,850	324,850	42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 7,601,128	\$ 7,601,128	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 8,734,107	\$ 8,734,107	45
46	<b>TOTAL EQUITY</b>	\$ 3,886,820	\$ 4,094,619	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 12,620,927	\$ 12,828,726	47

\*(See instructions.)



Facility Name: Barton Senior Resid of Zion

Report Period Beginning: 1/1/20

Ending:

12/31/20

## 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	\$ 5,644,640	1
2	Discounts and Allowances	(270,022)	2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 5,374,618</b>	3
<b>B. Other Operating Revenue</b>			
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants	266,181	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>	<b>\$ 266,181</b>	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	14,442	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 14,442</b>	14
<b>D. Other Revenue (specify):</b>			
15	<b>Other Income</b>	<b>10,000</b>	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 10,000</b>	17
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 5,665,241</b>	18

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	1,391,187	19
20	Health Care/ Personal Care	1,187,462	20
21	General Administration	2,079,555	21
<b>B. Capital Expense</b>			
22	Ownership	1,232,073	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>	<b>\$ 5,890,277</b>	28
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (225,036)</b>	29
30	<b>Income Taxes</b>	<b>\$</b>	30
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ (225,036)</b>	31
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
32	Medicaid - Net Inpatient Revenue	\$ 3,723,715	32
33	Private Pay - Net Inpatient Revenue	1,519,617	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Food Stamps</u>	131,286	35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	<b>\$ 5,374,618</b>	37

Barton Senior Residences of Zion

Period Beginning 1/1/2020  
Period End 12/31/2020

Schedule I

IV. Cost Center Expenses

Line 22 Other

	<u>Amount</u>
Amortization Expense	6,776
Mortgage Preimum Insurance	36,772
Loan Service Fee	18,389
	<u>61,937</u>
TOTAL	<u><u>61,937</u></u>

Adjustment Detail

Line	Description	<u>Amount</u>
	1 Disallow Sales Tax on Food	(1,002)
	10 Disallow Bad Debt Expense	(35,589)
	10 Disallow Contributions	(300)
	17 Adjust Depreciation to Medicaid Basis	(68,419)
	18 Offset Interest Income Against Expense	(14,442)
	Total Adjustments	<u><u>(119,752)</u></u>