

		FOR BHF USE			

LL2

Supportive Living Facility

2013

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2013)

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 Res of Chicago

Address: 1245 South Wood Chicago 60608

Number City Zip Code

County: Cook

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

Federal Employer ID Number:

Date Current Owners were Certified: 1/1/2000

Type of Ownership:

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

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2013 to 12/31/2013 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) (Date)

(Type or Print Name) Anca Oviedo

(Title) Chief Financial Officer

Paid Preparer

(Signed) (Date)

(Print Name and Title)

(Firm Name & Address)

(Telephone) () Fax # ()

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

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 Res of Chicago
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Report Period Beginning: 01/01/2013 Ending: 12/31/2013

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units

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	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 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	39,436	1,296		40,732	5
6	Double Unit	1,825			1,825	6
7	Other					7
8	TOTALS	41,261	1,296		42,557	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) **80.41%**

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

825 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. **39 (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)**

H. ACCOUNTING BASIS

ACCUAL		MODIFIED	
	☒	CASH*	☐
		CASH*	☐

I. Is your fiscal year identical to your tax year? ☒ 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 Res of Chicago

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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	337,482	309,819	2,805	650,106		650,106	1
2	Housekeeping, Laundry and Maintenance	177,093	30,607	123,453	331,153		331,153	2
3	Heat and Other Utilities			185,000	185,000		185,000	3
4	Other (specify):							4
5	TOTAL General Services	514,575	340,426	311,258	1,166,259		1,166,259	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	597,766	4,613		602,379		602,379	6
7	Activities and Social Services	99,886	11,464	4,162	115,512		115,512	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	697,652	16,077	4,162	717,891		717,891	9
	C. General Administration							
10	Administrative and Clerical	354,349	4,784	659,553	1,018,686		1,018,686	10
11	Marketing Materials, Promotions and Advertising			3,230	3,230		3,230	11
12	Employee Benefits and Payroll Taxes			236,760	236,760		236,760	12
13	Insurance-Property, Liability and Malpractice			96,201	96,201		96,201	13
14	Other (specify):							14
15	TOTAL General Administration	354,349	4,784	995,744	1,354,877		1,354,877	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,566,576	361,287	1,311,164	3,239,027		3,239,027	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			491,898	491,898		491,898	17
18	Interest			230,829	230,829		230,829	18
19	Real Estate Taxes			110,131	110,131		110,131	19
20	Rent -- Facility and Grounds			86,767	86,767		86,767	20
21	Rent -- Equipment			5,462	5,462		5,462	21
22	Other (specify): Loan Costs			83,855	83,855		83,855	22
23	TOTAL Ownership			1,008,942	1,008,942		1,008,942	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,566,576	361,287	2,320,106	4,247,969		4,247,969	24

Facility Name: Barton Senior Res of Chicago

Report Period Beginning 01/01/2013 Ending: 12/31/2013

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2	\$ 32.87	1
2	Licensed Practical Nurses	2	23.46	2
3	Certified Nurse Assistants	12	10.38	3
4	Activity Director & Assistants	1	13.70	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	15	10.29	7
8	Dishwashers			8
9	Maintenance Workers	1	22.12	9
10	Housekeepers	7	9.91	10
11	Laundry			11
12	Managers	1	49.04	12
13	Other Administrative	5	12.85	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	46	\$	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

OTHER RELATED BUSINESS ENTITIES

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 ☒
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 ☒
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				\$	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

STATE OF ILLINOIS

Facility Name: Barton Senior Res of Chicago Report Period Beginning: 01/01/2013 Ending:

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
1	139		2001	2001	\$ 12,437,545	\$ 452,229	30	\$ 414,585	\$ (37,644)	\$
2										
3										
4										
5										
	Improvement Type									
6	Building Improvements			2001	16,810	611	30	560	(51)	
7	Building Improvements			2002	15,063	548	30	502	(46)	
8	Building Improvements			2003	7,757	282	30	259	(23)	
9	Building Improvements			2004	1,845	67	30	62	(5)	
10	Building Improvements			2005	8,532	310	30	284	(26)	
11	Building Improvements			2006	1,771		30	59	59	
12	Building Improvements			2007	46,041	1,674	30	1,535	(139)	
13	Building Improvements			2008	28,159	1,024	30	939	(85)	
14	Building Improvements			2009	57,483	3,927	30	1,916	(2,011)	
15	Building Improvements			2010	18,318	1,410	30	611	(799)	
16	Building Improvements			2011	22,680	1,939	30	756	(1,183)	
17	TOTAL (lines 1 thru 16)				\$ 12,662,004	\$ 464,021		\$ 422,068	\$ (41,953)	\$

C. Equipment Depreciation -- Including Transportation.

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6
18	Movable Equipment	\$ 883,124	\$ 27,525	\$ 34,038	6,513	7	\$
19	Vehicles						
20	TOTAL (lines 18 and 19)	\$ 883,124	\$ 27,525	\$ 34,038	6,513		\$

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

Accumulated Depreciation	
5,785,075	1
	2
	3
	4
	5
7,612	6
6,199	7
2,832	8
634	9
2,519	10
1,771	11
11,588	12
5,675	13
22,132	14
5,632	15
5,228	16
5,856,897	17

Accumulated Depreciation	
836,263	18
	19
836,263	20

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	Carried Forward - Pg5				12,662,004	464,021		422,068	(41,953)	5,856,897	6
7	Building Improvements			2012	3,700	352	30	123	(229)	537	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)				\$ 12,665,704	\$ 464,373		\$ 422,191	\$ (42,182)	\$ 5,857,434	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	\$ 883,124	\$ 27,525	\$ 34,038	6,513	7	\$ 836,263	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 883,124	\$ 27,525	\$ 34,038	6,513		\$ 836,263	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 Res of Chicago

Report Period Beginning: 01/01/2013 Ending: 2/31/2013

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	Land Lease	1999		/ /	86,767	60	90	5
6				/ /				6
7	TOTAL				\$ 86,767			7

8. Is movable equipment rental included in building rental?

☐ YES ☒ NO

9. Rental amount for movable equipment \$ 5,462

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	Housing & Urban Develop		x	Mortgage	12/20/12	\$ 7,808,400	\$ 7,664,806	1/1/48	2.4200	\$ 187,378	1
2	IHDA		x		/ /			/ /		43,451	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 7,808,400	\$ 7,664,806			\$ 230,829	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 7,808,400	\$ 7,664,806			\$ 230,829	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 Res of Chicago

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2013

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,830,837	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	879,391		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	39,259		6
7	Other Prepaid Expenses	60,364		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,809,851	\$	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	228,161		15
16	Equipment, at Historical Cost	883,124		16
17	Accumulated Depreciation (book methods)	(6,693,697)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	201,987		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(5,771)		20
21	Restricted Funds	641,315		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,692,665	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 10,502,516	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 406,272	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	45,027		30
31	Accrued Taxes Payable	140,435		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)	\$ 591,734	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,664,806		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)	\$ 7,664,806	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 8,256,540	\$	45
46	TOTAL EQUITY	\$ 2,245,976	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 10,502,516	\$	47

*(See instructions.)

Facility Name: Barton Senior Res of Chicago

Report Period Beginning: 01/01/2013

Ending:

12/31/2013

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

	Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 4,312,086	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,312,086	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	84,454	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 84,454	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)	\$ 4,396,540	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,166,259	19
20	Health Care/ Personal Care	717,891	20
21	General Administration	1,354,877	21
	B. Capital Expense		
22	Ownership	1,008,942	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)	\$ 4,247,969	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 148,571	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 148,571	31

