

		FOR BHF USE			

LL2

Supportive Living Facility

2015

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2015)

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 Zion 60099

Number City Zip Code

County: Lake

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:

<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
IRS Exemption Code	<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	

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 1/1/2015 to 12/31/2015 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 # ()

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: 1/1/2015 Ending: 12/31/2015

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	123	Single Unit Apartment	123	44,895	1
2		Double Unit Apartment			2
3		Other	7	2,555	3
4	123	TOTALS	130	47,450	4

B. Census-For the entire report period.

	1	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	30,939	10,416	1,895	43,250	5
6	Double Unit					6
7	Other					7
8	TOTALS	30,939	10,416	1,895	43,250	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified
bed days on line 4, column 4.) 91.15%

D. Indicate the number of paid bed-hold days the SLF had during this year
557 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 ☒

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

ACCRUAL ☒ 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? 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. _____

STATE OF ILLINOIS

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Facility Name: Barton Senior Resid of Zion

Report Period Beginning:

1/1/2015

Ending:

12/31/2015

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	345,992	387,726	7,760	741,478		741,478	1
2	Housekeeping, Laundry and Maintenance	191,172	31,502	105,738	328,412		328,412	2
3	Heat and Other Utilities			139,105	139,105		139,105	3
4	Other (specify):							4
5	TOTAL General Services	537,163	419,228	252,604	1,208,995		1,208,995	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	728,134	8,192		736,325		736,325	6
7	Activities and Social Services	203,254	13,360	1,960	218,575		218,575	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	931,388	21,552	1,960	954,900		954,900	9
	C. General Administration							
10	Administrative and Clerical	255,292	14,592	944,920	1,214,804		1,214,804	10
11	Marketing Materials, Promotions and Advertising			10,211	10,211		10,211	11
12	Employee Benefits and Payroll Taxes			299,608	299,608		299,608	12
13	Insurance-Property, Liability and Malpractice			95,810	95,810		95,810	13
14	Other (specify):							14
15	TOTAL General Administration	255,292	14,592	1,350,548	1,620,432		1,620,432	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,723,843	455,372	1,605,112	3,784,327		3,784,327	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			591,700	591,700	(71,392)	520,308	17
18	Interest			449,841	449,841		449,841	18
19	Real Estate Taxes			196,154	196,154		196,154	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			1,720	1,720		1,720	21
22	Other (specify):			75,102	75,102		75,102	22
23	TOTAL Ownership			1,314,517	1,314,517	(71,392)	1,243,125	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,723,843	455,372	2,919,629	5,098,844	(71,392)	5,027,452	24

Facility Name: Barton Senior Resid of Zion

Report Period Beginning 1/1/2015 Ending: 12/31/2015

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2	\$ 33.47	1
2	Licensed Practical Nurses	4	26.52	2
3	Certified Nurse Assistants	11	11.02	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	16	10.78	7
8	Dishwashers			8
9	Maintenance Workers	1	24.76	9
10	Housekeepers	6	10.88	10
11	Laundry			11
12	Managers	1	53.09	12
13	Other Administrative	1	28.76	13
14	Clerical	5	14.52	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	47	\$	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

Facility Name: Barton Senior Resid of Zion

Report Period Beginning:

1/1/2015

Ending:

12/31/2015

VIII. OWNERSHIP COSTSA. 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)	\$ 4,660,725	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Building Improvement			2007	705,823	41,714	30	23,527	(18,187)	434,929	6
7	Building Improvement			2008	3,532	208	30	118	(90)	1,968	7
8	Building Improvement			2012	4,361	336	30	145	(191)	1,341	8
9	Building Improvement			2013	5,400	462	30	180	(282)	1,245	9
10	Building Improvement			2015	14,220		30	474	474		10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 15,176,075	\$ 567,911		\$ 505,870	\$ (62,041)	\$ 5,100,208	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	\$ 1,032,190	\$ 23,789	\$ 14,438	(9,351)	7	\$ 997,101	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 1,032,190	\$ 23,789	\$ 14,438	(9,351)		\$ 997,101	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: 1/1/2015

Ending:

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				/ /				5
6				/ /				6
7	TOTAL				\$			7

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

9. Rental amount for movable equipment \$ 1,720

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	IHDA		x	Mortgage	11/1/05	\$ 8,950,000	\$ 8,045,132	6/1/42	5.5500	\$ 449,841	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 8,950,000	\$ 8,045,132			\$ 449,841	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 8,950,000	\$ 8,045,132			\$ 449,841	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: 1/1/2015

Ending: 12/31/2015

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 899,207	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	509,065		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	10,713		6
7	Other Prepaid Expenses	18,967		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,437,952	\$	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	733,336		15
16	Equipment, at Historical Cost	1,032,190		16
17	Accumulated Depreciation (book methods)	(6,097,309)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	298,666		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(126,447)		20
21	Restricted Funds	2,306,887		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 13,090,061	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 14,528,013	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 668,255	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	58,193		30
31	Accrued Taxes Payable	229,381		31
32	Accrued Interest Payable	38,885		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)	\$ 994,714	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	8,045,132		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)	\$ 8,045,132	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 9,039,846	\$	45
46	TOTAL EQUITY	\$ 5,488,167	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 14,528,013	\$	47

*(See instructions.)

Facility Name: Barton Senior Resid of Zion

Report Period Beginning: 1/1/2015

Ending:

12/31/2015

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	\$ 4,718,847	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,718,847	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	2,653	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 2,653	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)	\$ 4,721,500	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,208,995	19
20	Health Care/ Personal Care	954,900	20
21	General Administration	1,620,432	21
	B. Capital Expense		
22	Ownership	1,314,517	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)	\$ 5,098,844	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (377,344)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (377,344)	31