

		FOR BHF USE			

LL2

Supportive Living Facility

2021

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2021)

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:

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 checked="" type="checkbox"/>	"Sub-S" Corp.		
		<input 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: Larry Templin Telephone Number: ( 630 ) 361-2868

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 1/1/21 to 12/31/21 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)

(Title)

Paid Preparer

(Signed) SEE ACCOUNTANT'S COMPILATION REPORT (Date)

(Print Name and Title) Larry Templin Partner

(Firm Name & Address) Templin Healthcare Accounting Services, LLP P.O. Box 326, Plainfield, IL 60544-0326

(Telephone) (630 ) 361-2868 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

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	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	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	29,163	4,013		33,176	5
6	Double Unit					6
7	Other					7
8	TOTALS	29,163	4,013		33,176	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 69.92%

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

570 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 199 (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: 12/31/21 Fiscal Year: 12/31/21

\* 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

## STATE OF ILLINOIS

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Facility Name: Barton Senior Resid of Zion

Report Period Beginning:

1/1/21

Ending:

12/31/21

## 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	360,720	345,230	2,073	708,023	(1,009)	707,014	1
2	Housekeeping, Laundry and Maintenance	220,055	23,047	170,969	414,071		414,071	2
3	Heat and Other Utilities			196,634	196,634		196,634	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	580,775	368,277	369,676	1,318,728	(1,009)	1,317,719	5
	<b>B. Health Care and Programs</b>							
6	Health Care/ Personal Care	708,184	34,382	1,205	743,771		743,771	6
7	Activities and Social Services	193,409	9,400		202,809		202,809	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	901,593	43,782	1,205	946,580		946,580	9
	<b>C. General Administration</b>							
10	Administrative and Clerical	440,086	16,459	1,144,959	1,601,504	(25,395)	1,576,109	10
11	Marketing Materials, Promotions and Advertising			18,119	18,119		18,119	11
12	Employee Benefits and Payroll Taxes			284,485	284,485		284,485	12
13	Insurance-Property, Liability and Malpractice			101,723	101,723		101,723	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	440,086	16,459	1,549,286	2,005,831	(25,395)	1,980,436	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	1,922,454	428,518	1,920,167	4,271,139	(26,404)	4,244,735	16
	<b>Capital Expenses</b>							
	<b>D. Ownership</b>							
17	Depreciation			601,179	601,179	(65,436)	535,743	17
18	Interest			398,438	398,438	(1,668)	396,770	18
19	Real Estate Taxes			157,218	157,218		157,218	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			3,454	3,454		3,454	21
22	Other (specify): See Attached Sch I			60,613	60,613		60,613	22
23	<b>TOTAL Ownership</b>			1,220,902	1,220,902	(67,104)	1,153,798	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	1,922,454	428,518	3,141,069	5,492,041	(93,508)	5,398,533	24

Facility Name: Barton Senior Resid of Zion

Report Period Beginning 1/1/21 Ending: 12/31/21

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.75	\$ 42.76	1
2	Licensed Practical Nurses	4.00	31.75	2
3	Certified Nurse Assistants	9.50	15.84	3
4	Activity Director & Assistants	4.50	19.50	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	12.75	13.77	7
8	Dishwashers			8
9	Maintenance Workers	1.00	28.96	9
10	Housekeepers	5.00	14.86	10
11	Laundry			11
12	Managers	1.00	64.71	12
13	Other Administrative	1.00	38.76	13
14	Clerical	6.25	13.39	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	46.75	\$ 19.58	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, 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).

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
Total				\$	6

VI. (B) Management fees paid to unrelated parties

Amount of Fee

1	None	\$	1
2			2
Total		\$	3

Facility Name: Barton Senior Resid of Zion

Report Period Beginning:

1/1/21

Ending:

12/31/21

## 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)	\$ 7,636,807	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Building Improvement			2007	705,823	41,714	30	23,527	(18,187)	612,395	6
7	Building Improvement			2008	3,532	209	30	118	(91)	2,858	7
8	Building Improvement			2012	4,361	257	30	145	(112)	2,495	8
9	Building Improvement			2013	5,400	319	30	180	(139)	2,755	9
10	Building Improvement			2015	14,220	839	30	474	(365)	1,422	10
11	Building Improvement			2017	17,533	1,215	30	584	(631)	1,752	11
12	Building Improvement			2017	18,478	1,281	30	616	(665)	1,848	12
13	Compressors			2018	10,778	830	30	359	(471)	1,077	13
14	Pavement			2018	6,175	475	30	206	(269)	618	14
15	Dining Room-Paint, Wall Coverings, Blinds			2019	69,414	6,171	15	4,628	(1,543)	11,570	15
16											16
17	TOTAL (lines 1 thru 16)				\$ 15,298,453	\$ 578,501		\$ 512,262	\$ (66,239)	\$ 8,275,597	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	\$ 1,111,105	\$ 10,243	\$ 14,502	4,259	7	\$ 1,065,200	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 1,111,105	\$ 10,243	\$ 14,502	4,259		\$ 1,065,200	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

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 5, Carried Forward		\$ 15,298,453	\$ 578,501		\$ 512,262	\$ (66,239)	\$ 8,275,597	1
2	Tiles, remodeling and flooring	2020	97,240	8,878	15	6,483	(2,395)	9,724	2
3	Asphalt and Lot resurfacing	2020	37,442	3,557	15	2,496	(1,061)	3,744	3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 15,433,135	\$ 590,936		\$ 521,241	\$ (69,695)	\$ 8,289,065	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: 1/1/21 Ending: 12/31/21

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 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 Total Years Renewal Option*		8. Is movable equipment rental included in building rental? YES NO
3	Original Building			/ /	\$ N/A			3	
4	Additions			/ /				4	
5				/ /				5	
6				/ /				6	
7	TOTAL				\$			7	

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	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	\$ 7,095,274	6/1/42	5.5000	\$ 398,438	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 8,950,000	\$ 7,095,274			\$ 398,438	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /		Offset Interest Inc	/ /		-1,668	9
10	TOTALS (lines 7, 8 and 9)					\$ 8,950,000	\$ 7,095,274			\$ 396,770	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.

## STATE OF ILLINOIS

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Facility Name: Barton Senior Resid of Zion

Report Period Beginning: 1/1/21

Ending:

12/31/21

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/21

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 1,787,590	\$ 1,787,590	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 150,000 )	844,037	844,037	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	39,976	39,976	6
7	Other Prepaid Expenses	14,382	14,382	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 2,685,985	\$ 2,685,985	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	1,111,105	1,111,105	16
17	Accumulated Depreciation (book methods)	(9,656,602)	(9,354,265)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	2,458,825	2,458,825	21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Loan Costs, net</u>	122,766	122,766	23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 9,969,228	\$ 10,271,566	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 12,655,213	\$ 12,957,551	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 804,554	\$ 804,554	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	33,748	33,748	30
31	Accrued Taxes Payable	176,959	176,959	31
32	Accrued Interest Payable	34,294	34,294	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	<u>Due to Third Party</u>	3,179	3,179	35
36	<u>Resident Credit Balances</u>	566,142	566,142	36
37	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 36)	\$ 1,618,876	\$ 1,618,876	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,095,274	7,095,274	39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities</b> (sum of lines 38 thru 43)	\$ 7,095,274	\$ 7,095,274	44
45	<b>TOTAL LIABILITIES</b> (sum of lines 37 and 44)	\$ 8,714,150	\$ 8,714,150	45
46	<b>TOTAL EQUITY</b>	\$ 3,941,063	\$ 4,243,401	46
47	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 45 and 46)	\$ 12,655,213	\$ 12,957,551	47

\*(See instructions.)



Facility Name: Barton Senior Resid of Zion

Report Period Beginning: 1/1/21

Ending:

12/31/21

**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	\$ 6,131,462	1
2	Discounts and Allowances	(916,765)	2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	\$ 5,214,697	3
	<b>B. Other Operating Revenue</b>		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants	329,915	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>	\$ 329,915	11
	<b>C. Non-Operating Revenue</b>		
12	Contributions		12
13	Interest and Other Investment Income	1,668	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	\$ 1,668	14
	<b>D. Other Revenue (specify):</b>		
15	Miscellaneous	4	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	\$ 4	17
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	\$ 5,546,284	18

2			
	II. Expenses	Amount	
	<b>A. Operating Expenses</b>		
19	General Services	1,318,728	19
20	Health Care/ Personal Care	946,580	20
21	General Administration	2,005,831	21
	<b>B. Capital Expense</b>		
22	Ownership	1,220,902	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>	\$ 5,492,041	28
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	\$ 54,243	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	\$ 54,243	31
	<b>III. Net Resident Care Revenue detailed by Payer Source</b>		
32	Medicaid - Net Inpatient Revenue	\$ 3,756,284	32
33	Private Pay - Net Inpatient Revenue	1,258,433	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Food Stamps</u>	199,980	35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	\$ 5,214,697	37

**Barton Senior Resid of Zion**

**Period Beginning**                      **1/1/2021**  
**Period End**                              **12/31/2021**

**Schedule I**

**IV. Cost Center Expenses**

**Line 22 Other**

	<b>Amount</b>
	<hr/>
<b>Amortization Expense</b>	<b>6,776</b>
<b>Loan Service Fees</b>	<b>17,948</b>
<b>Mortgage Preimum Insurance</b>	<b>35,889</b>
<b>TOTAL</b>	<hr/> <b>60,613</b> <hr/>

**Adjustment Detail**

<b>Line</b>	<b>Description</b>	<b>Amount</b>
		<hr/>
	<b>1 Disallow Sales Tax on Food</b>	<b>(1,009)</b>
	<b>10 Offset Miscellaneous Income Against Office Supplies</b>	<b>(4)</b>
	<b>10 Disallow Bad Debt Expense</b>	<b>(25,391)</b>
	<b>17 Adjust Depreciation to Medicaid Basis</b>	<b>(65,436)</b>
	<b>18 Offset Interest Income Against Expense</b>	<b>(1,668)</b>
	<b>Total Adjustments</b>	<hr/> <b>(93,508)</b> <hr/>