

FOR BHF USE					

LL2

Supportive Living Facility

**2014
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2014)**

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>I. Facility ID Number: <u>1000005</u></p> <p>Facility Name: <u>Barton Senior Res of Chicago</u></p> <p>Address: <u>1245 South Wood</u> <u>Chicago</u> <u>60608</u> <small>Number City Zip Code</small></p> <p>County: <u>Cook</u></p> <p>Telephone Number: (<u>847</u>) <u>441-8200</u> Fax # <u>847 441-0800</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>1/1/2000</u></p> <p>Type of Ownership:</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td style="width:33%; border: none;"><input checked="" type="checkbox"/> PROPRIETARY</td> <td style="width:33%; border: none;"><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Charitable Corp.</td> <td style="border: none;"><input type="checkbox"/> Individual</td> <td style="border: none;"><input type="checkbox"/> State</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"><input type="checkbox"/> Partnership</td> <td style="border: none;"><input type="checkbox"/> County</td> </tr> <tr> <td style="border: none;">IRS Exemption Code _____</td> <td style="border: none;"><input type="checkbox"/> Corporation</td> <td style="border: none;"><input type="checkbox"/> Other _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> "Sub-S" Corp.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input checked="" type="checkbox"/> Limited Liability Co.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Other _____</td> <td style="border: none;"></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Anca Oviedo</u> Telephone Number: (<u>847</u>) <u>441-8200</u> Email Address: <u>aoviedo@bartonhealthcare.org</u></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	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 _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2014</u> to <u>12/31/2014</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>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none; vertical-align: top;">Officer or Administrator of Provider</td> <td style="border: none;">(Signed) _____</td> <td style="border: none; text-align: right;">3/19/2015 (Date)</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Type or Print Name) <u>Anca Oviedo</u></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Title) <u>Chief Financial Officer</u></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none; vertical-align: top;">Paid Preparer</td> <td style="border: none;">(Signed) _____</td> <td style="border: none; text-align: right;">(Date)</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Print Name and Title) _____</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Firm Name & Address) _____</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Telephone) () _____</td> <td style="border: none; text-align: right;">Fax # () _____</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) _____	3/19/2015 (Date)		(Type or Print Name) <u>Anca Oviedo</u>			(Title) <u>Chief Financial Officer</u>		Paid Preparer	(Signed) _____	(Date)		(Print Name and Title) _____			(Firm Name & Address) _____			(Telephone) () _____	Fax # () _____
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																												
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	(Telephone) () _____	Fax # () _____																																												

Facility Name: Barton Senior Res of Chicago

Report Period Beginning:

01/01/2014

Ending: 12/31/2014

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	329,503	312,991	2,550	645,044		645,044	1
2	Housekeeping, Laundry and Maintenance	177,376	29,199	158,678	365,253		365,253	2
3	Heat and Other Utilities			224,045	224,045		224,045	3
4	Other (specify):							4
5	TOTAL General Services	506,879	342,190	385,273	1,234,342		1,234,342	5
B. Health Care and Programs								
6	Health Care/ Personal Care	634,829	11,046	10,001	655,876		655,876	6
7	Activities and Social Services	100,176	8,374	3,700	112,250		112,250	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	735,005	19,420	13,701	768,126		768,126	9
C. General Administration								
10	Administrative and Clerical	227,432	4,887	769,244	1,001,563		1,001,563	10
11	Marketing Materials, Promotions and Advertising			7,213	7,213		7,213	11
12	Employee Benefits and Payroll Taxes			291,940	291,940		291,940	12
13	Insurance-Property, Liability and Malpractice			96,163	96,163		96,163	13
14	Other (specify):							14
15	TOTAL General Administration	227,432	4,887	1,164,560	1,396,879		1,396,879	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,469,316	366,497	1,563,534	3,399,347		3,399,347	16
Capital Expenses								
D. Ownership								
17	Depreciation			500,015	500,015	(41,273)	458,742	17
18	Interest			183,864	183,864		183,864	18
19	Real Estate Taxes			128,133	128,133		128,133	19
20	Rent -- Facility and Grounds			87,950	87,950		87,950	20
21	Rent -- Equipment			5,907	5,907		5,907	21
22	Other (specify):			36,153	36,153		36,153	22
23	TOTAL Ownership			942,022	942,022	(41,273)	900,749	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,469,316	366,497	2,505,556	4,341,369	(41,273)	4,300,096	24

Facility Name: Barton Senior Res of Chicago

Report Period Beginning 01/01/2014 Ending: 12/31/2014

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2	\$ 33.06	1
2	Licensed Practical Nurses	3	24.54	2
3	Certified Nurse Assistants	11	10.76	3
4	Activity Director & Assistants	1	14.00	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	14	10.42	7
8	Dishwashers			8
9	Maintenance Workers	1	23.18	9
10	Housekeepers	7	10.14	10
11	Laundry			11
12	Managers	1	49.04	12
13	Other Administrative	5	13.01	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	45	\$	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		\$

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		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).

Facility Name: Barton Senior Res of Chicago

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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	139		2001	2001	\$ 12,437,545	\$ 452,354	30	\$ 414,585	\$ (37,769)	\$ 6,237,429	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Building Improvements			2001	16,810	611		560	(51)	8,223	6
7	Building Improvements			2002	15,063	548		502	(46)	6,747	7
8	Building Improvements			2003	7,757	282		259	(23)	3,114	8
9	Building Improvements			2004	1,845	67		62	(5)	701	9
10	Building Improvements			2005	8,532	310		284	(26)	2,829	10
11	Building Improvements			2006	1,771					1,771	11
12	Building Improvements			2007	46,041	1,674		1,535	(139)	13,183	12
13	Building Improvements			2008	28,159	1,024		939	(85)	6,699	13
14	Building Improvements			2009	57,483	3,536		1,916	(1,620)	25,668	14
15	Building Improvements			2010	18,318	826		611	(215)	6,537	15
16	Building Improvements			2011	22,680	1,746		756	(990)	6,974	16
17	TOTAL (lines 1 thru 16)				\$ 12,662,004	\$ 462,978		\$ 422,009	\$ (40,969)	\$ 6,319,875	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	\$	\$	\$	\$		\$	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$	\$	\$	\$		\$	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:

01/01/2014

Ending:

12/31/2014

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					\$	\$		\$	\$	\$
2										
3										
4										
5										
Improvement Type										
6	Carried Forward - Pg 5				12,662,004	462,978		422,009	(40,969)	6,319,875
7	Building Improvements			2012	3,700	316	30	23	(293)	853
8	Building Improvements			2014	2,147	430	30	14	(416)	430
9	Building Improvements			2014	80,105	1,335	30	2,670	1,335	1,335
10										
11										
12										
13										
14										
15										
16										
17	TOTAL (lines 1 thru 16)				\$ 12,747,956	\$ 465,059		\$ 424,716	\$ (40,343)	\$ 6,322,493

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	\$ 938,940	\$ 34,956	\$ 34,026	(930)	7	\$ 871,219
19	Vehicles						
20	TOTAL (lines 18 and 19)	\$ 938,940	\$ 34,956	\$ 34,026	(930)		\$ 871,219

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

1
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Facility Name: Barton Senior Res of Chicago

Report Period Beginning: 01/01/2014

Ending: 2/31/2014

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	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	Land Lease	1999		/ /	87,950	60	90	5
6				/ /				6
7	TOTAL				\$ 87,950			7

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

9. Rental amount for movable equipment \$ 5,907

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**				Purpose of Loan	Date of Note				
			YES	NO			Original	Balance				
A. Directly Facility Related												
Long-Term												
1		Housing & Urban Dev.		x	Mortgage	12/20/12	\$ 7,808,400	\$ 7,517,698	1/1/48	2.4200	\$ 183,864	1
2						/ /			/ /			2
3						/ /			/ /			3
Working Capital												
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 7,808,400	\$ 7,517,698			\$ 183,864	7
B. Non-Facility Related												
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 7,808,400	\$ 7,517,698			\$ 183,864	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: 01/01/2014

Ending:

12/31/2014

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2014

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,912,168	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	971,239		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	41,019		6
7	Other Prepaid Expenses	55,904		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,980,330	\$	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	310,414		15
16	Equipment, at Historical Cost	938,940		16
17	Accumulated Depreciation (book methods)	(7,193,712)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	201,987		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(11,542)		20
21	Restricted Funds	729,688		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,413,321	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 10,393,651	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 448,395	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	52,518		30
31	Accrued Taxes Payable	138,906		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)	\$ 639,819	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,517,698		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)	\$ 7,517,698	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 8,157,517	\$	45
46	TOTAL EQUITY	\$ 2,236,134	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 10,393,651	\$	47

*(See instructions.)

Facility Name: Barton Senior Res of Chicago

Report Period Beginning: 01/01/2014

Ending:

12/31/2014

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

		1	
Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 4,328,232	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,328,232	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	3,292	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 3,292	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)	\$ 4,331,524	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	1,234,342	19
20	Health Care/ Personal Care	768,126	20
21	General Administration	1,396,879	21
B. Capital Expense			
22	Ownership	942,022	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)	\$ 4,341,369	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (9,845)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (9,845)	31

