

		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.

<p>I. Facility ID Number: <u>100005</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</u>) <u>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> </u>) <u>847- 441- 8200</u> Email Address: _____</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>1/1/2015</u> to <u>12/31/2015</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;">Officer or Administrator of Provider</td> <td style="border: none;">(Signed) _____ (Date) _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Type or Print Name) <u>Anca Oviedo</u></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Title) <u>Chief Financial Officer</u></td> </tr> <tr> <td style="border: none;">Paid Preparer</td> <td style="border: none;">(Signed) _____ (Date) _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Print Name and Title) _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Firm Name & Address) _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Telephone) (<u> </u>) _____ Fax # (<u> </u>) _____</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) <u>Anca Oviedo</u>		(Title) <u>Chief Financial Officer</u>	Paid Preparer	(Signed) _____ (Date) _____		(Print Name and Title) _____		(Firm Name & Address) _____		(Telephone) (<u> </u>) _____ Fax # (<u> </u>) _____
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																					
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Facility Name: Barton Senior Res of Chicago

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	346,304	310,544	2,805	659,653		659,653	1
2	Housekeeping, Laundry and Maintenance	188,262	33,377	215,791	437,430		437,430	2
3	Heat and Other Utilities			223,057	223,057		223,057	3
4	Other (specify):							4
5	TOTAL General Services	534,566	343,921	441,652	1,320,139		1,320,139	5
B. Health Care and Programs								
6	Health Care/ Personal Care	676,359	11,578	4,058	691,995		691,995	6
7	Activities and Social Services	109,902	4,642	4,475	119,019		119,019	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	786,261	16,220	8,533	811,014		811,014	9
C. General Administration								
10	Administrative and Clerical	260,302	5,575	826,084	1,091,960		1,091,960	10
11	Marketing Materials, Promotions and Advertising			14,257	14,257		14,257	11
12	Employee Benefits and Payroll Taxes			320,126	320,126		320,126	12
13	Insurance-Property, Liability and Malpractice			100,043	100,043		100,043	13
14	Other (specify):							14
15	TOTAL General Administration	260,302	5,575	1,260,509	1,526,386		1,526,386	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,581,128	365,716	1,710,695	3,657,539		3,657,539	16
Capital Expenses								
D. Ownership								
17	Depreciation			503,680	503,680	(36,187)	467,493	17
18	Interest			180,264	180,264		180,264	18
19	Real Estate Taxes			76,909	76,909		76,909	19
20	Rent -- Facility and Grounds			89,889	89,889		89,889	20
21	Rent -- Equipment			6,773	6,773		6,773	21
22	Other (specify):			39,310	39,310		39,310	22
23	TOTAL Ownership			896,826	896,826	(36,187)	860,639	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,581,128	365,716	2,607,521	4,554,365	(36,187)	4,518,178	24

Facility Name: Barton Senior Res of Chicago

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	\$ 38.77	1
2	Licensed Practical Nurses	4	24.88	2
3	Certified Nurse Assistants	13	11.44	3
4	Activity Director & Assistants	1	14.88	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	14	10.88	7
8	Dishwashers			8
9	Maintenance Workers	1	23.78	9
10	Housekeepers	7	10.46	10
11	Laundry			11
12	Managers	1	53.04	12
13	Other Administrative	5	13.46	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	48	\$	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		\$ 3

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:

1/1/2015

Ending:

12/31/2015

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			2001	2001	\$ 12,437,545	\$ 452,274	30	\$ 414,585	\$ (37,689)	\$ 6,689,703	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Building Improvements		2001	16,810	611	30	560	(51)	8,834	6
7		Building Improvements		2002	15,063	548		502	(46)	7,295	7
8		Building Improvements		2003	7,757	282		259	(23)	3,396	8
9		Building Improvements		2004	1,845	67		62	(5)	768	9
10		Building Improvements		2005	8,532	310		284	(26)	3,139	10
11		Building Improvements		2006	1,771					1,771	11
12		Building Improvements		2007	46,041	1,674		1,535	(139)	14,857	12
13		Building Improvements		2008	28,159	1,024		939	(85)	7,723	13
14		Building Improvements		2009	57,483	3,391		1,916	(1,475)	29,139	14
15		Building Improvements		2010	18,318	1,142		611	(531)	8,044	15
16		Building Improvements		2011	22,680	1,572		756	(816)	8,546	16
17	TOTAL (lines 1 thru 16)				\$ 12,662,004	\$ 462,895		\$ 422,009	\$ (40,886)	\$ 6,783,215	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:

1/1/2015

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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.

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	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										
7	Carried Forwards - Pg 5				12,662,004	462,895		422,009	(40,886)	6,783,215
8	Building Improvements		2012		3,700	285		23 #	(262)	1,138
9	Building Improvements		2013		2,147	689		14	(675)	1,118
10	Building Improvements		2014		80,105	2,913		2,670	(243)	4,248
11	First Floor Renovation		2015		156,741	2,850	30	5,225	2,375	2,850
12	Apartment Carpeting		2015		5,735	287	30	191	(96)	287
13	Parking Lot Sealcoat		2015		2,624	131	30	87	(44)	131
14	Tuckpointing/Foundation		2015		2,500	125	30	83	(42)	125
15	Improvements		2015		5,700	285	30	190	(95)	285
16	Tuckpointing/Foundation		2015		500	25	30	17	(8)	25
17	TOTAL (lines 1 thru 16)				\$ 12,921,756	\$ 470,485		\$ 430,509	\$ (39,976)	\$ 6,793,422

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	\$ 959,642	\$ 33,195	\$ 36,984	3,789	7	\$ 903,970
19	Vehicles						
20	TOTAL (lines 18 and 19)	\$ 959,642	\$ 33,195	\$ 36,984	3,789		\$ 903,970

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

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Facility Name: Barton Senior Res of Chicago

Report Period Beginning: 1/1/2015

Ending: 12/31/2015

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		/ /	89,889	60	90	5
6				/ /				6
7	TOTAL				\$ 89,889			7

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

9. Rental amount for movable equipment \$ _____

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 Develop		x	Mortgage	12/20/12	\$ 7,808,400	\$ 7,366,991	1/1/48	2.4200	\$ 180,264	1
2						/ /			/ /			2
3						/ /			/ /			3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 7,808,400	\$ 7,366,991			\$ 180,264	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 7,808,400	\$ 7,366,991			\$ 180,264	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: 1/1/2015

Ending: 12/31/2015

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,537,537	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (180000))	1,046,353		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	37,401		6
7	Other Prepaid Expenses	367		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,621,658	\$	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	484,215		15
16	Equipment, at Historical Cost	959,643		16
17	Accumulated Depreciation (book methods)	(7,697,392)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	201,987		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(17,313)		20
21	Restricted Funds	899,018		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,267,704	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,889,362	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 420,450	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	59,804		30
31	Accrued Taxes Payable	148,720		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)	\$ 628,974	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,366,991		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)	\$ 7,366,991	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,995,965	\$	45
46	TOTAL EQUITY	\$ 1,893,397	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 9,889,362	\$	47

*(See instructions.)

Facility Name: Barton Senior Res of Chicago

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.)

		1	
Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 4,334,333	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,334,333	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	2,295	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 2,295	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)	\$ 4,336,628	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	1,320,139	19
20	Health Care/ Personal Care	811,014	20
21	General Administration	1,526,386	21
B. Capital Expense			
22	Ownership	896,826	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)	\$ 4,554,365	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (217,737)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (217,737)	31