

		FOR BHF USE			

LL2

Supportive Living Facility

**2016
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2016)**

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>1000073</u></p> <p>Facility Name: <u>Barton Senior Resid of Zion</u></p> <hr/> <p>Address: <u>3500 Sheridan Road</u> <u>Zion</u> <u>60099</u></p> <p align="center">Number City Zip Code</p> <p>County: <u>Lake</u></p> <p>Telephone Number: (<u>847</u>) <u>441-8200</u> Fax # <u>847 872-1500</u></p> <p>Federal Employer ID Number: <u>84-1689898</u></p> <p>Date Current Owners were Certified: <u>01/01/2007</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></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: _____</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>01/01/2016</u> to <u>12/31/2016</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%"> <tr> <td style="width:30%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td align="right"><u>3/29/2017</u> (Date)</td> </tr> <tr> <td></td> <td>(Type or Print Name) <u>Anca Oviedo</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>Chief Financial Officer</u></td> <td></td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) _____</td> <td align="right">_____ (Date)</td> </tr> <tr> <td></td> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) _____</td> <td></td> </tr> <tr> <td></td> <td>(Telephone) (<u> </u>) _____</td> <td align="right">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) _____	<u>3/29/2017</u> (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																																												
<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 _____																																													
Officer or Administrator of Provider	(Signed) _____	<u>3/29/2017</u> (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>) _____																																												

Facility Name: Barton Senior Resid of Zion

Report Period Beginning:

1/1/2016

Ending: 12/31/2016

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	339,284	346,931	16,115	702,330		702,330	1
2	Housekeeping, Laundry and Maintenance	207,399	29,941	120,797	358,137		358,137	2
3	Heat and Other Utilities			149,675	149,675		149,675	3
4	Other (specify):							4
5	TOTAL General Services	546,683	376,872	286,587	1,210,142		1,210,142	5
B. Health Care and Programs								
6	Health Care/ Personal Care	761,640	13,709		775,349		775,349	6
7	Activities and Social Services	190,898	9,598	2,660	203,156		203,156	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	952,538	23,307	2,660	978,505		978,505	9
C. General Administration								
10	Administrative and Clerical	261,228	15,373	638,815	915,416		915,416	10
11	Marketing Materials, Promotions and Advertising			5,838	5,838		5,838	11
12	Employee Benefits and Payroll Taxes			343,343	343,343		343,343	12
13	Insurance-Property, Liability and Malpractice			97,029	97,029		97,029	13
14	Other (specify):							14
15	TOTAL General Administration	261,228	15,373	1,085,025	1,361,626		1,361,626	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,760,449	415,552	1,374,272	3,550,273		3,550,273	16
Capital Expenses								
D. Ownership								
17	Depreciation			585,971	585,971	(63,931)	522,040	17
18	Interest			442,443	442,443		442,443	18
19	Real Estate Taxes			197,166	197,166		197,166	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			1,371	1,371		1,371	21
22	Other (specify): :Loan Costs			74,096	74,096		74,096	22
23	TOTAL Ownership			1,301,047	1,301,047	(63,931)	1,237,116	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,760,449	415,552	2,675,319	4,851,320	(63,931)	4,787,389	24

Facility Name: Barton Senior Resid of Zion

Report Period Beginning: 1/1/2016 Ending: 12/31/2016

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2	\$ 35.02	1
2	Licensed Practical Nurses	4	26.77	2
3	Certified Nurse Assistants	11	11.32	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	16	11.12	7
8	Dishwashers			8
9	Maintenance Workers	1	24.92	9
10	Housekeepers	6	11.02	10
11	Laundry			11
12	Managers	1	53.09	12
13	Other Administrative	1	28.92	13
14	Clerical	5	14.89	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	47	\$	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 <u>1</u>	City <u>2</u>
_____	_____
_____	_____
_____	_____

OTHER RELATED BUSINESS ENTITIES		
Name <u>3</u>	City <u>4</u>	Type of Business <u>5</u>
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).

Facility Name: Barton Senior Resid of Zion

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

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)	\$ 5,185,916	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Building Improvement		2007	2007	705,823	41,644	30	23,527	(18,117)	476,573	6
7	Building Improvement		2008	2008	3,532	209	30	118	(91)	2,177	7
8	Building Improvement		2012	2012	4,361	302	30	145	(157)	1,643	8
9	Building Improvement		2013	2013	5,400	416	30	180	(236)	1,661	9
10	Building Improvement		2015	2015	14,220	2,062	30	474	(1,588)	2,062	10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 15,176,075	\$ 569,824		\$ 505,869	\$ (63,955)	\$ 5,670,032	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	\$ 1,040,585	\$ 16,148	\$ 16,172	24	7	\$ 1,013,249	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)		\$ 1,040,585	\$ 16,148	\$ 16,172	24	\$ 1,013,249	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: 1/1/2016

Ending: 2/31/2016/12/31/2016

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 \$ 1,371

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**	YES			NO	Amount of Note				
					Purpose of Loan	Date of Note	Original		Maturity Date			
		A. Directly Facility Related										
		Long-Term										
1		IHDA		x	Mortgage	11/1/05	\$ 8,950,000	\$ 7,907,903	6/1/42	5.5500	\$ 442,443	1
2						/ /			/ /			2
3						/ /			/ /			3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 8,950,000	\$ 7,907,903			\$ 442,443	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 8,950,000	\$ 7,907,903			\$ 442,443	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: 1/1/2016

Ending: 12/31/2016

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/16

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 720,524	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	935,596		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	11,060		6
7	Other Prepaid Expenses	39,167		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,706,347	\$	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	1,040,585		16
17	Accumulated Depreciation (book methods)	(6,683,280)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	298,666		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(140,764)		20
21	Restricted Funds	2,157,240		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 12,348,522	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 14,054,869	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 320,974	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	67,779		30
31	Accrued Taxes Payable	226,473		31
32	Accrued Interest Payable	36,574		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)	\$ 651,800	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,907,903		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)	\$ 7,907,903	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 8,559,703	\$	45
46	TOTAL EQUITY	\$ 5,495,166	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 14,054,869	\$	47

*(See instructions.)

Facility Name: Barton Senior Resid of Zion

Report Period Beginning: 1/1/2016

Ending:

12/31/2016

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

		1	
I. Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 4,854,139	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,854,139	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	4,179	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 4,179	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)	\$ 4,858,318	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	1,210,142	19
20	Health Care/ Personal Care	978,505	20
21	General Administration	1,361,626	21
B. Capital Expense			
22	Ownership	1,301,047	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)	\$ 4,851,320	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 6,998	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 6,998	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 2,909,222	32
33	Private Pay - Net Inpatient Revenue	1,806,950	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Food Stamp</u>	137,967	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,854,139	37