

		FOR BHF USE			

LL2

**Supportive Living Facility**  
**2017**  
**STATE OF ILLINOIS**  
**DEPARTMENT OF HEALTHCARE & FAMILY SERVICES**  
**COST REPORT FOR**  
**SUPPORTIVE LIVING FACILITIES**  
**(FISCAL YEAR 2017)**

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><b>I. Facility ID Number:</b> <u>1000005</u></p> <p><b>Facility Name:</b> <u>Barton Senior Res of Chicago</u></p> <hr/> <p><b>Address:</b> <u>1245 South Wood</u> <u>Chicago</u> <u>60608</u>        Number City Zip Code</p> <p><b>County:</b> <u>Cook</u></p> <p><b>Telephone Number:</b> ( <u>847</u> ) <u>441-8200</u> Fax # <u>847 441-0800</u></p> <p><b>Federal Employer ID Number:</b> <u>36-4257687</u></p> <p><b>Date Current Owners were Certified:</b> <u>1/1/2000</u></p> <p><b>Type of Ownership:</b></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><b>IRS Exemption Code</b> _____</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><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Anca Oviedo</u> <b>Telephone Number:</b> ( <u>847</u> ) <u>441-8200</u>  <b>Email Address:</b> <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	<b>IRS Exemption Code</b> _____	<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><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/17</u> to <u>12/31/17</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%; vertical-align: top;"> <b>Officer or Administrator of Provider</b> </td> <td>         (Signed) _____          (Type or Print Name) <u>Anca Oviedo</u>          (Title) <u>Chief Financial Officer</u> </td> </tr> <tr> <td style="vertical-align: top;"> <b>Paid Preparer</b> </td> <td>         (Signed) _____          (Date) _____          (Print Name and Title) _____          (Firm Name &amp; Address) _____          (Telephone) ( <u>    </u> ) _____ Fax # ( <u>    </u> ) _____       </td> </tr> </table> <p align="right"> <b>MAIL TO: BUREAU OF HEALTH FINANCE</b>  <b>IL DEPT OF HEALTHCARE AND FAMILY SERVICES</b>  <b>201 S. Grand Avenue East</b>  <b>Springfield, IL 62763-0001</b> Phone # (217) 782-1630     </p>	<b>Officer or Administrator of Provider</b>	(Signed) _____ (Type or Print Name) <u>Anca Oviedo</u> (Title) <u>Chief Financial Officer</u>	<b>Paid Preparer</b>	(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																											
<b>IRS Exemption Code</b> _____	<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 _____																												
<b>Officer or Administrator of Provider</b>	(Signed) _____ (Type or Print Name) <u>Anca Oviedo</u> (Title) <u>Chief Financial Officer</u>																												
<b>Paid Preparer</b>	(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) ( <u>    </u> ) _____ Fax # ( <u>    </u> ) _____																												

Facility Name Barton Senior Res of Chicago

Report Period Beginning: 01/01/17 Ending: 12/31/17

**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	139	Single Unit Apartment	139	50,735	1
2	6	Double Unit Apartment	6	2,190	2
3		Other			3
4	145	TOTALS	145	52,925	4

**B. Census-For the entire report period.**

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	8,007	223	31,229	39,459	5
6	Double Unit					6
7	Other					7
8	TOTALS	8,007	223	31,229	39,459	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 74.56%

**D. Indicate the number of paid bed-hold days the SLF had during this year**  
708 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 151 (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?** No If yes, did the facility make all of the required payments of interest and principle? \_\_\_\_\_  
 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. \_\_\_\_\_

Facility Name: Barton Senior Res of Chicago

Report Period Beginning:

01/01/17

Ending:

12/31/17

## 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	367,326	297,660	3,005	667,991		667,991	1
2	Housekeeping, Laundry and Maintenance	205,217	25,205	136,328	366,750		366,750	2
3	Heat and Other Utilities			226,881	226,881		226,881	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>572,543</b>	<b>322,865</b>	<b>366,214</b>	<b>1,261,622</b>		<b>1,261,622</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	639,202	11,588		650,790		650,790	6
7	Activities and Social Services	161,868	5,269	3,230	170,367		170,367	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>801,070</b>	<b>16,857</b>	<b>3,230</b>	<b>821,157</b>		<b>821,157</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	416,672	7,756	726,743	1,151,171		1,151,171	10
11	Marketing Materials, Promotions and Advertising			8,527	8,527		8,527	11
12	Employee Benefits and Payroll Taxes			301,356	301,356		301,356	12
13	Insurance-Property, Liability and Malpractice			100,032	100,032		100,032	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	<b>416,672</b>	<b>7,756</b>	<b>1,136,658</b>	<b>1,561,086</b>		<b>1,561,086</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,790,285</b>	<b>347,478</b>	<b>1,506,102</b>	<b>3,643,865</b>		<b>3,643,865</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			513,478	513,478	(44,982)	468,496	17
18	Interest			172,803	172,803		172,803	18
19	Real Estate Taxes			125,203	125,203		125,203	19
20	Rent -- Facility and Grounds			90,358	90,358		90,358	20
21	Rent -- Equipment			7,129	7,129		7,129	21
22	Other (specify): Loan Fees			37,922	37,922		37,922	22
23	<b>TOTAL Ownership</b>			<b>946,893</b>	<b>946,893</b>	<b>(44,982)</b>	<b>901,911</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,790,285</b>	<b>347,478</b>	<b>2,452,995</b>	<b>4,590,758</b>	<b>(44,982)</b>	<b>4,545,776</b>	<b>24</b>

Facility Name: Barton Senior Res of Chicago

Report Period Beginning: 01/01/17

Ending:

12/31/17

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2	\$ 40.12	1
2	Licensed Practical Nurses	4	26.22	2
3	Certified Nurse Assistants	11	12.03	3
4	Activity Director & Assistants	1	15.78	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	12	11.12	7
8	Dishwashers			8
9	Maintenance Workers	1	24.54	9
10	Housekeepers	7	11.48	10
11	Laundry			11
12	Managers	1	56.12	12
13	Other Administrative	6	19.78	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>45</b>	<b>\$</b>	<b>17</b>

**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
<b>Total</b>				<b>\$</b>	<b>6</b>

**VI. (B) Management fees paid to unrelated parties**

	Amount of Fee	
1	\$	1
2		2
<b>Total</b>		<b>\$ 3</b>

**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, Illinois		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:

01/01/17

Ending:

12/31/17

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	\$ 12,437,545	\$ 452,274	30	\$ 414,585	\$ (37,689)	\$ 7,594,251	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6		Building Improvement		2001	16,810	611	30	560	(51)	10,057	6
7		Building Improvement		2002	15,063	548	30	502	(46)	8,390	7
8		Building Improvement		2003	7,757	282	30	259	(23)	3,960	8
9		Building Improvement		2004	1,845	67	30	62	(5)	902	9
10		Building Improvement		2005	8,532	310	30	284	(26)	3,760	10
11		Building Improvement		2006	1,771		30			1,771	11
12		Building Improvement		2007	46,041	1,674	30	1,535	(139)	18,205	12
13		Building Improvement		2008	28,159	1,024	30	939	(85)	9,771	13
14		Building Improvement		2009	57,483	3,392	30	1,916	(1,476)	35,650	14
15		Building Improvement		2010	18,318	1,082	30	611	(471)	10,405	15
16		Building Improvement		2011	22,680	1,338	30	756	(582)	11,294	16
17	TOTAL (lines 1 thru 16)				\$ 12,662,004	\$ 462,602		\$ 422,009	\$ (40,593)	\$ 7,708,416	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:

01/01/17

Ending:

12/31/17

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					\$	\$		\$	\$	\$	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Balance Forward				12,662,004	462,602	30	422,009	(40,593)	7,708,416	6
7	Building Improvement			2012	3,700	231	30	123	(108)	1,625	7
8	Building Improvement			2014	2,147	248	30	72	(176)	1,778	8
9	Building Improvement			2014	80,105	2,913	30	2,670	(243)	10,074	9
10	First Floor renovation			2015	156,741	5,700	30	5,225	(475)	14,249	10
11	Carpeting			2015	5,735	490	30	191	(299)	1,322	11
12	Parking Lot Seal Coat			2015	2,624	224	30	87	(137)	605	12
13	Tuckpointing			2015	2,500	214	30	83	(131)	576	13
14	Building Improvement			2015	5,700	487	30	190	(297)	1,314	14
15	Tuckpointing			2015	500	43	30	17	(26)	115	15
16	Carpeting			2016	4,588	436	30	153	(283)	665	16
17	TOTAL (lines 1 thru 16)				\$ 12,926,344	\$ 473,588		\$ 430,820	\$ (42,768)	\$ 7,740,739	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:

01/01/17

Ending:

12/31/17

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					\$	\$		\$	\$	\$	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Balance Forward				12,926,344	473,588	30	430,820	(42,768)	7,740,739	6
7	HVAC			2016	43,740	4,155	30	1,458	(2,697)	6,344	7
8	Building Improvement			2016	29,051	1,056	30	968	(88)	1,409	8
9	Building Improvement			2017	4,500	225	30	150	(75)	225	9
10	Building Improvement			2017	62,000	3,875	30	2,067	(1,808)	3,875	10
11	Building Improvement			2017	13,283	415	30	443	28	415	11
12	Building Improvement										12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 13,078,918	\$ 483,314		\$ 435,906	\$ (47,408)	\$ 7,753,007	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	\$ 1,014,396	\$ 30,164	\$ 32,590	2,426	7	\$ 965,284	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 1,014,396	\$ 30,164	\$ 32,590	2,426		\$ 965,284	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: 01/01/17

Ending: 12/31/17

**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		/ /	90,358	60	90	5
6				/ /				6
7	<b>TOTAL</b>				\$ 90,358			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**	YES			NO	Purpose of Loan	Date of Note	Amount of Note	Maturity Date
							Original	Balance			
		<b>A. Directly Facility Related</b>									
		Long-Term									
1		H.U.D.		x	Mortgage	12/20/12	\$ 7,808,400	\$ 7,054,422	1/1/48	2.4200	\$ 172,803
2						/ /			/ /		
3						/ /			/ /		
		Working Capital									
4						/ /			/ /		
5						/ /			/ /		
6						/ /			/ /		
7		<b>TOTAL Facility Related</b>					\$ 7,808,400	\$ 7,054,422			\$ 172,803
		<b>B. Non-Facility Related</b>									
8						/ /			/ /		
9						/ /			/ /		
10		<b>TOTALS (lines 7, 8 and 9)</b>					\$ 7,808,400	\$ 7,054,422			\$ 172,803

\* 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: 01/01/17

Ending:

12/31/17

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/17

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 1,879,094	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	732,384		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	26,084		6
7	Other Prepaid Expenses	8,041		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 2,645,603	\$	10
	<b>B. Long-Term Assets</b>			
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	641,377		15
16	Equipment, at Historical Cost	1,014,396		16
17	Accumulated Depreciation (book methods)	(8,718,291)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	201,987		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(28,855)		20
21	Restricted Funds	888,928		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 6,437,088	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 9,082,691	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 417,412	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	80,231		30
31	Accrued Taxes Payable	131,965		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 629,608	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,054,422		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 (sum of lines 38 thru 43)</b>	\$ 7,054,422	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 7,684,030	\$	45
46	<b>TOTAL EQUITY</b>	\$ 1,398,661	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 9,082,691	\$	47

\*(See instructions.)

Facility Name: Barton Senior Res of Chicago

Report Period Beginning: 01/01/17

Ending:

12/31/17

## 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	\$ 4,333,587	1
2	Discounts and Allowances		2
<b>SUBTOTAL Resident Care</b>			
3	(line 1 minus line 2)	\$ 4,333,587	3
<b>B. Other Operating Revenue</b>			
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
<b>SUBTOTAL OTHER OPERATING REVENUE</b>			
11	(sum of lines 4 thru 10)	\$	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	5,815	13
<b>SUBTOTAL Non-Operating Revenue</b>			
14	(sum of lines 12 and 13)	\$ 5,815	14
<b>D. Other Revenue (specify):</b>			
15			15
16			16
<b>SUBTOTAL Other Revenue</b>			
17	(sum of lines 15 and 16)	\$	17
<b>TOTAL REVENUE</b>			
18	(sum of lines 3, 11, 14 and 17)	\$ 4,339,402	18

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	1,261,622	19
20	Health Care/ Personal Care	821,157	20
21	General Administration	1,561,086	21
<b>B. Capital Expense</b>			
22	Ownership	946,893	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
<b>TOTAL EXPENSES</b>			
28	(sum of lines 19 thru 27)	\$ 4,590,758	28
<b>Income Before Income Taxes</b>			
29	(line 18 minus line 28)	\$ (251,356)	29
<b>Income Taxes</b>			
30		\$	30
<b>NET INCOME OR LOSS FOR THE YEAR</b>			
31	(line 29 minus line 30)	\$ (251,356)	31
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
32	Medicaid - Net Inpatient Revenue	\$ 3,301,097	32
33	Private Pay - Net Inpatient Revenue	879,695	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)	152,795	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,333,587	37