

		FOR BHF USE			

LL2

Supportive Living Facility

**2018
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2018)**

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 Resid Chicago</u></p> <hr/> <p>Address: <u>1245 South Wood</u> <u>Chicago</u> <u>60608</u></p> <p align="center">Number City Zip Code</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%"> <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:</p> <p>Name: <u>Larry Templin</u> Telephone Number: (<u>630</u>) <u>361-2868</u></p> <p>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>1/1/18</u> to <u>12/31/18</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:20%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) _____</td> <td></td> </tr> <tr> <td></td> <td>(Title) _____</td> <td></td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) <u>SEE ACCOUNTANT'S COMPILATION REPORT</u></td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) <u>Larry Templin Partner</u></td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) <u>Templin Healthcare Accounting Services, LLP P.O. Box 9, Dunlap, IL 61525</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) (<u>630</u>) <u>361-2868</u> Fax # () _____</td> <td></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) _____			(Title) _____		Paid Preparer	(Signed) <u>SEE ACCOUNTANT'S COMPILATION REPORT</u>	(Date) _____		(Print Name and Title) <u>Larry Templin Partner</u>			(Firm Name & Address) <u>Templin Healthcare Accounting Services, LLP P.O. Box 9, Dunlap, IL 61525</u>			(Telephone) (<u>630</u>) <u>361-2868</u> Fax # () _____	
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Facility Name Barton Senior Resid Chicago

Report Period Beginning: 1/1/18 Ending: 12/31/18

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	
		Barton Senior Resid Chicago			
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	40,356			40,356	5
6	Double Unit					6
7	Other					7
8	TOTALS	40,356			40,356	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 76.25%

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

765 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 36 (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: 12/31/18 Fiscal Year: 12/31/18

* 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? N/A
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 principle? 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 principle? N/A
If no, explain. N/A

Facility Name: Barton Senior Resid Chicago

Report Period Beginning:

1/1/18

Ending:

12/31/18

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	389,737	294,623	2,805	687,165	(731)	686,434	1
2	Housekeeping, Laundry and Maintenance	229,250	28,819	181,911	439,980		439,980	2
3	Heat and Other Utilities			240,128	240,128		240,128	3
4	Other (specify):							4
5	TOTAL General Barton Senior Resid Chicago	618,987	323,442	424,844	1,367,273	(731)	1,366,542	5
B. Health Care and Programs								
6	Health Care/ Personal Care	671,975	11,650		683,625		683,625	6
7	Activities and Social Services	164,125	6,954	3,355	174,434		174,434	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	836,100	18,604	3,355	858,059		858,059	9
C. General Administration								
10	Administrative and Clerical	334,785	5,841	717,075	1,057,701	(31,093)	1,026,608	10
11	Marketing Materials, Promotions and Advertising	65,423	4,520		69,943		69,943	11
12	Employee Benefits and Payroll Taxes			311,721	311,721		311,721	12
13	Insurance-Property, Liability and Malpractice			88,091	88,091		88,091	13
14	Other (specify): Farm Expenses							14
15	TOTAL General Administration	400,208	10,361	1,116,887	1,527,456	(31,093)	1,496,363	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,855,295	352,407	1,545,086	3,752,788	(31,824)	3,720,964	16
Capital Expenses								
D. Ownership								
17	Depreciation			513,107	513,107	(47,751)	465,356	17
18	Interest			168,928	168,928	(35,836)	133,092	18
19	Real Estate Taxes			304,929	304,929		304,929	19
20	Rent -- Facility and Grounds			91,130	91,130		91,130	20
21	Rent -- Equipment			5,888	5,888		5,888	21
22	Other (specify): See Attached Schedule I			37,204	37,204		37,204	22
23	TOTAL Ownership			1,121,186	1,121,186	(83,587)	1,037,599	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,855,295	352,407	2,666,272	4,873,974	(115,411)	4,758,563	24

Facility Name: Barton Senior Resid Chicago

Report Period Beginning: 1/1/18 Ending: 12/31/18

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.5	\$ 30.54	1
2	Licensed Practical Nurses	3.0	25.14	2
3	Certified Nurse Assistants	12.5	12.50	3
4	Activity Director & Assistants	3.5	15.97	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants Barton Senior R	15.0	12.67	7
8	Dishwashers			8
9	Maintenance Workers	1.0	26.32	9
10	Housekeepers	5.5	15.02	10
11	Laundry			11
12	Managers	1.0	24.55	12
13	Other Administrative	5.0	12.06	13
14	Clerical			14
15	Marketing	1.0	32.84	15
16	Other			16
17	Total (lines 1 thru 16)	49.0	\$ 15.86	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	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

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? \$ _____
 (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 Chicago

Report Period Beginning:

1/1/18

Ending:

12/31/18

VIII. OWNERSHIP COSTS

A. Purchase price of land N/A

Year land was acquired N/A

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)	\$ 8,008,836	1
2											2
3											3
4											4
5											5
Improv Barton Senior Resid Chicago											
6	Building Improvement			2001	16,810	611	30	560	(51)	10,617	6
7	Building Improvement			2002	15,063	548	30	502	(46)	8,892	7
8	Building Improvement			2003	7,757	282	30	259	(23)	4,219	8
9	Building Improvement			2004	1,845	67	30	62	(5)	964	9
10	Building Improvement			2005	8,532	310	30	284	(26)	4,044	10
11	Building Improvement			2006	1,771		30	59	59	1,830	11
12	Building Improvement			2007	46,041	1,674	30	1,535	(139)	19,740	12
13	Building Improvement			2008	28,159	1,024	30	939	(85)	10,710	13
14	Building Improvement			2009	57,483	3,396	30	1,916	(1,480)	37,566	14
15	Building Improvement			2010	18,318	1,083	30	611	(472)	11,016	15
16	Building Improvement			2011	22,680	1,338	30	756	(582)	12,050	16
17	TOTAL (lines 1 thru 16)				\$ 12,662,004	\$ 462,607		\$ 422,068	\$ (40,539)	\$ 8,130,484	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	Moveable Equipment	\$ 1,033,000	\$ 26,067	\$ 28,661	2,594	7	\$ 993,945	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 1,033,000	\$ 26,067	\$ 28,661	2,594		\$ 993,945	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	N/A				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	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 5, Carried Forward		\$ 12,662,004	\$ 462,607		\$ 422,068	\$ (40,539)	\$ 8,130,484	1
2	Building Improvement	2012	3,700	218	30	123	(95)	1,748	2
3	Building Improvement	2014	2,147	248	30	72	(176)	1,850	3
4	Building Improvement	2014	80,105	2,913	30	2,670	(243)	12,744	4
5	First Floor renovation	2015	156,741	5,700	30	5,225	(475)	19,474	5
6	Carpeting Barton Senior Resid Chicago	2015	5,735	442	30	191	(251)	1,513	6
7	Parking Lot Seal Coat	2015	2,624	202	30	87	(115)	692	7
8	Tuckpointing	2015	2,500	193	30	83	(110)	659	8
9	Building Improvement	2015	5,700	439	30	190	(249)	1,504	9
10	Tuckpointing	2015	500	39	30	17	(22)	132	10
11	Carpeting	2016	4,588	392	30	153	(239)	818	11
12	HVAC	2016	43,740	3,740	30	1,458	(2,282)	7,802	12
13	Building Improvement	2016	29,051	1,056	30	968	(88)	2,377	13
14	Building Improvement	2017	4,500	428	30	150	(278)	375	14
15	Building Improvement	2017	62,000	5,816	30	2,067	(3,749)	5,942	15
16	Building Improvement	2017	13,283	415	30	443	28	858	16
17	Entrance Door	2018	2,596	130	30	43	(87)	43	17
18	Elevator	2018	41,248	2,062	30	687	(1,375)	687	18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,122,762	\$ 487,040		\$ 436,695	\$ (50,345)	\$ 8,189,702	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name: Barton Senior Resid Chicago

Report Period Beginning: 1/1/18

Ending: 12/31/18

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*	
3	Original Building			/ /	\$			3
4	Additions	Barton Senior Resid Chicago		/ /				4
5	Land Lease	1999		/ /	91,130	60	90	5
6				/ /				6
7	TOTAL				\$ 91,130			7

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

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 Name of Lender	2 Related**		3 Purpose of Loan	4 Date of Note	6 Amount of Note		7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1	HUD		X	Mortgage	12/20/12	\$ 7,808,400	\$ 6,892,378	1/1/48	2.4200	\$ 168,928	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 7,808,400	\$ 6,892,378			\$ 168,928	7
	B. Non-Facility Related										
8					/ /	Offset Interest Inc		/ /		(35,836)	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 7,808,400	\$ 6,892,378			\$ 133,092	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 Chicago

Report Period Beginning: 1/1/18

Ending:

12/31/18

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/18

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,085,044	\$ 1,085,044	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>250,000</u>)	759,153	759,153	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance Barton Senior Resid Chic	25,083	25,083	6
7	Other Prepaid Expenses	66,700	66,700	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,935,980	\$ 1,935,980	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	12,437,545	14
15	Leasehold Improvements, at Historical Cost	685,221	685,217	15
16	Equipment, at Historical Cost	1,033,000	1,033,000	16
17	Accumulated Depreciation (book methods)	(9,231,398)	(9,183,647)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	860,075	860,075	21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Loan Fees, Net</u>	167,361	167,361	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,951,805	\$ 5,999,551	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,887,785	\$ 7,935,531	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 436,761	\$ 436,761	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	91,124	91,124	30
31	Accrued Taxes Payable	227,571	227,571	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)	\$ 755,456	\$ 755,456	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,892,378	6,892,378	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)	\$ 6,892,378	\$ 6,892,378	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,647,834	\$ 7,647,834	45
46	TOTAL EQUITY	\$ 239,951	\$ 287,697	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 7,887,785	\$ 7,935,531	47

*(See instructions.)

Facility Name: Barton Senior Resid Chicago

Report Period Beginning: 1/1/18

Ending:

12/31/18

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	\$ 4,491,335	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	Barton Senior Resid Chicago \$ 4,491,335	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	35,836	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 35,836	14
D. Other Revenue (specify):			
15	Miscellaneous Income	94	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 94	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,527,265	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	1,367,273	19
20	Health Care/ Personal Care	858,059	20
21	General Administration	1,527,456	21
B. Capital Expense			
22	Ownership	1,121,186	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)	\$ 4,873,974	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (346,709)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (346,709)	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 3,427,966	32
33	Private Pay - Net Inpatient Revenue	949,493	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Food Stamp</u>	113,876	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,491,335	37

Barton Senior Resid Chicago

Period 1/1/18

Period 12/31/18

Schedule I

IV. Cost Center Expenses

Line 22 Other

	<u>Amount</u>
Amortization Expense	5,771
Mortgage Preimum Insurance	31,433 Barton Senior Resid Chicago
TOTAL	<u>37,204</u>

Adjustment Detail

Line	Description	<u>Amount</u>
	1 Disallow Sales Tax on Food	(731)
	10 Offset Miscellaneous Income Against Office Supplies	(94)
	10 Disallow Bad Debt Expense	(30,000)
	14 Disallow State Replacement Tax	(999)
	17 Adjust Depreciation to Medicaid Basis	(47,751)
	18 Offset Interest Income Against Expense	(35,836)
	Total Adjustments	<u>(115,411)</u>