

		FOR BHF USE			

LL2

Supportive Living Facility

**2005
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2005)**

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.</p> <p>Facility Name: <u>Rush-Barton, L.P.</u></p> <p>Address: <u>1245 S. Wood St</u> <u>Chicago</u> <u>60608</u> <small>Number City Zip Code</small></p> <p>County: <u>Cook</u></p> <p>Telephone Number: (<u>847 441-8200</u> Fax # <u>847 441-0800</u></p> <p>Federal Employer ID Number: <u>36-4307684</u></p> <p>Date Current Owners were Certified: <u>1-1-2000</u></p> <p>Type of Ownership:</p> <table border="0"> <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>Rick Duros</u> Telephone Number: (<u>847 441-8200</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>1/1/05</u> to <u>12/31/05</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 border="1"> <tr> <td rowspan="2" style="width: 15%; vertical-align: top;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td>(Type or Print Name) <u>Rick Duros</u></td> <td></td> </tr> <tr> <td></td> <td colspan="2">(Title) <u>Chief Operating/Financial Officer</u></td> </tr> <tr> <td rowspan="4" style="vertical-align: top;">Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td>(Firm Name & Address) _____</td> <td></td> </tr> <tr> <td>(Telephone) (<u> </u>) _____ Fax # (<u> </u>) _____</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) <u>Rick Duros</u>			(Title) <u>Chief Operating/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) _____	(Date) _____																																								
	(Type or Print Name) <u>Rick Duros</u>																																									
	(Title) <u>Chief Operating/Financial Officer</u>																																									
Paid Preparer	(Signed) _____	(Date) _____																																								
	(Print Name and Title) _____																																									
	(Firm Name & Address) _____																																									
	(Telephone) (<u> </u>) _____ Fax # (<u> </u>) _____																																									

Facility Name: Rush-Barton, L.P.

Report Period Beginning:

1/1/05

Ending:

12/31/05

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	360,931	271,614	4,220	636,765		636,765	1
2	Housekeeping, Laundry and Maintenance	237,146	31,534	102,467	371,147		371,147	2
3	Heat and Other Utilities			178,898	178,898		178,898	3
4	Other (specify):							4
5	TOTAL General Services	598,077	303,148	285,585	1,186,810		1,186,810	5
B. Health Care and Programs								
6	Health Care/ Personal Care	431,338	8,571		439,909		439,909	6
7	Activities and Social Services	179,298	13,552	9,719	202,569		202,569	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	610,636	22,123	9,719	642,478		642,478	9
C. General Administration								
10	Administrative and Clerical	130,440	12,993	470,494	613,927		613,927	10
11	Marketing Materials, Promotions and Advertising			7,808	7,808		7,808	11
12	Employee Benefits and Payroll Taxes			174,054	174,054		174,054	12
13	Insurance-Property, Liability and Malpractice			117,481	117,481		117,481	13
14	Other (specify):							14
15	TOTAL General Administration	130,440	12,993	769,837	913,270		913,270	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,339,153	338,264	1,065,141	2,742,558		2,742,558	16
Capital Expenses								
D. Ownership								
17	Depreciation			528,905	528,905		528,905	17
18	Interest			593,972	593,972		593,972	18
19	Real Estate Taxes			139,071	139,071		139,071	19
20	Rent -- Facility and Grounds			74,671	74,671		74,671	20
21	Rent -- Equipment			1,859	1,859		1,859	21
22	Other (specify):			91,978	91,978		91,978	22
23	TOTAL Ownership			1,430,456	1,430,456		1,430,456	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,339,153	338,264	2,495,597	4,173,014		4,173,014	24

Facility Name: Rush-Barton, L.P.

Report Period Beginning 1/1/05 Ending: 12/31/05

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 29.18	1
2	Licensed Practical Nurses	2	18.52	2
3	Certified Nurse Assistants	14	9.03	3
4	Activity Director & Assistants	2	11.74	4
5	Social Service Workers	1	14.22	5
6	Head Cook			6
7	Cook Helpers/Assistants	21	8.32	7
8	Dishwashers			8
9	Maintenance Workers	2	12.75	9
10	Housekeepers	5	7.39	10
11	Laundry			11
12	Managers	1	22.40	12
13	Other Administrative			13
14	Clerical	5	10.27	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	54	\$	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	City
Clayton Residential Home	Chicago
Central Plaza Home	Chicago
Rush St. Lukes Hospital	Chicago

OTHER RELATED BUSINESS ENTITIES

Name	City	Type of Business
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: Rush-Barton, L.P.

Report Period Beginning: 1/1/05

Ending: 12/31/05

VIII. OWNERSHIP COSTS

A. Purchase price of land _____ Year land was acquired 1999

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	\$ 452,229	30	\$ 414,585	\$ (37,644)	\$ 2,166,993	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Building Improvement		2001	2001	16,810	611	28	611		2,724	6
7	Building Improvement		2002	2002	15,063	548	28	548		1,895	7
8	Building Improvement		2003	2003	7,757	282	28	282		576	8
9	Building Improvement		2004	2004	1,845	67	28	67		98	9
10	Building Improvement		2005	2005	8,532	39	28	39		39	10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 12,487,552	\$ 453,776		\$ 416,132	\$ (37,644)	\$ 2,172,325	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	\$ 638,493	\$ 75,129	\$ 127,699	52,570	5	\$ 583,216	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 638,493	\$ 75,129	\$ 127,699	52,570		\$ 583,216	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: Rush-Barton, L.P.

Report Period Beginning: 1/1/05

Ending: 12/31/05

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: Illinois Medical District-Land 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		/ /	74,671	60	99	5
6				/ /				6
7	TOTAL				\$ 74,671			7

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

9. Rental amount for movable equipment \$ 1,859

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	2	3	4	6	7	8	9		
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense
		YES	NO			Original	Balance			
	A. Directly Facility Related Long-Term									
1	IHDA		X	Mortgage	3/16/00	\$ 9,200,000	\$ 8,692,451	9/1/31	6.2600	\$ 547,972
2					/ /			/ /		
3					/ /			/ /		
	Working Capital									
4	Barton Senior Care	X		Working Capital	1/1/01	660,150	683,150	/ /	4.0000	23,000
5	RPSMC	X		Working Capital	1/1/01	660,150	683,150	/ /	4.0000	23,000
6					/ /			/ /		
7	TOTAL Facility Related					\$ 10,520,300	\$ 10,058,751			\$ 593,972
	B. Non-Facility Related									
8					/ /			/ /		
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$ 10,520,300	\$ 10,058,751			\$ 593,972

* 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.

STATE OF ILLINOIS

Page 7

Facility Name: Rush-Barton, L.P.

Report Period Beginning: 1/1/05

Ending:

12/31/05

12/31/05

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/05

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 915,596	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 50,000)	801,193		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments	100,000		5
6	Prepaid Insurance	158,003		6
7	Other Prepaid Expenses	57,580		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,032,372	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost	12,437,545		14
15	Leasehold Improvements, at Historical Cost	50,009		15
16	Equipment, at Historical Cost	638,494		16
17	Accumulated Depreciation (book methods)	(2,756,541)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):	1,297,670		22
23	Other(specify): Capitalized Costs	420,434		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 12,087,611	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 14,119,983	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 122,904	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	1,534,440		29
30	Accrued Salaries Payable	68,820		30
31	Accrued Taxes Payable	156,827		31
32	Accrued Interest Payable	47,263		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Expenses	23,293		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,953,547	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable	8,692,451		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)	\$ 8,692,451	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,645,998	\$	45
46	TOTAL EQUITY	\$ 3,473,985	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 14,119,983	\$	47

*(See instructions.)

Facility Name: Rush-Barton, L.P.

Report Period Beginning: 1/1/05

Ending:

12/31/05

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	\$ 4,008,917	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,008,917	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	51,953	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 51,953	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)	\$ 4,060,870	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	1,186,810	19
20	Health Care/ Personal Care	642,478	20
21	General Administration	913,270	21
B. Capital Expense			
22	Ownership	1,430,456	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)	\$ 4,173,014	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (112,144)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (112,144)	31

Related Party Costs included on Page 3 of Report

	Operating Expenses	Cost included in line item	Entity Paid to	Services Performed
Line 10-3	Admin and Clerical	\$360,612	Barton Management Inc	Management Services