

		FOR BHF USE			

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**Supportive Living Facility**

**2007  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2007)**

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.</b></p> <p>Facility Name: <u>Barton Senior Residences of Chicago</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 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>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><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>1/1/07</u> to <u>12/31/07</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" style="width:100%"> <tr> <td style="width:20%">Officer or Administrator of Provider</td> <td>(Signed) _____ (Type or Print Name) <u>Rick Duros</u> (Title) <u>Chief Operating/Financial Officer</u></td> </tr> <tr> <td></td> <td>(Date) _____</td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) _____ (Print Name and Title) _____ (Firm Name &amp; Address) _____ (Telephone) ( ) _____ Fax # ( ) _____</td> </tr> <tr> <td></td> <td>(Date) _____</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) _____ (Type or Print Name) <u>Rick Duros</u> (Title) <u>Chief Operating/Financial Officer</u>		(Date) _____	Paid Preparer	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) ( ) _____ Fax # ( ) _____		(Date) _____
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																															
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	(Date) _____																																



Facility Name: Barton Senior Residences of Chicago

Report Period Beginning:

1/1/07

Ending:

12/31/07

## 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	343,173	267,652	4,575	615,400		615,400	1
2	Housekeeping, Laundry and Maintenance	215,753	30,653	88,077	334,483		334,483	2
3	Heat and Other Utilities			193,286	193,286		193,286	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	558,926	298,305	285,938	1,143,169		1,143,169	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	465,132	5,863		470,995		470,995	6
7	Activities and Social Services	215,258	14,216	5,478	234,952		234,952	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	680,390	20,079	5,478	705,947		705,947	9
<b>C. General Administration</b>								
10	Administrative and Clerical	195,920	10,355	678,393	884,668		884,668	10
11	Marketing Materials, Promotions and Advertising			8,714	8,714		8,714	11
12	Employee Benefits and Payroll Taxes			177,960	177,960		177,960	12
13	Insurance-Property, Liability and Malpractice			122,887	122,887		122,887	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	195,920	10,355	987,954	1,194,229		1,194,229	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	1,435,236	328,739	1,279,370	3,043,345		3,043,345	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			477,524	477,524		477,524	17
18	Interest			585,267	585,267		585,267	18
19	Real Estate Taxes			136,379	136,379		136,379	19
20	Rent -- Facility and Grounds			87,400	87,400		87,400	20
21	Rent -- Equipment			2,617	2,617		2,617	21
22	Other (specify):			88,503	88,503		88,503	22
23	<b>TOTAL Ownership</b>			1,377,690	1,377,690		1,377,690	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	1,435,236	328,739	2,657,060	4,421,035		4,421,035	24

Facility Name: Barton Senior Residences of Chicago

Report Period Beginning: 1/1/07 Ending: 12/31/07

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	4,404	\$ 24.99	1
2	Licensed Practical Nurses	4,919	20.16	2
3	Certified Nurse Assistants	27,094	9.40	3
4	Activity Director & Assistants	3,628	9.90	4
5	Social Service Workers	7,597	11.18	5
6	Head Cook			6
7	Cook Helpers/Assistants	38,632	8.90	7
8	Dishwashers			8
9	Maintenance Workers	3,354	15.54	9
10	Housekeepers	12,817	8.49	10
11	Laundry			11
12	Managers	2,080	48.02	12
13	Other Administrative			13
14	Clerical	12,427	9.32	14
15	Marketing			15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>116,952</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>\$</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	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: Barton Senior Residences of Chicago

Report Period Beginning: 1/1/07

Ending: 12/31/07

## 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)	\$ 3,071,451	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Building Improvement		2001	2001	16,810	611	28	611		3,946	6
7	Building Improvement		2002	2002	15,063	548	28	548		2,991	7
8	Building Improvement		2003	2003	7,757	282	28	282		1,140	8
9	Building Improvement		2004	2004	1,845	67	28	67		232	9
10	Building Improvement		2005	2005	8,532	310	28	310		659	10
11	Building Improvement		2006	2006	1,771	460	28	64	(396)	1,080	11
12	Building Improvement		2007	2007	46,041	1,465	28	1,465		1,465	12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 12,535,364	\$ 455,972		\$ 417,932	\$ (38,040)	\$ 3,082,964	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	\$ 699,084	\$ 21,552	\$ 137,486	115,934	5	\$ 653,401	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)		\$ 699,084	\$ 21,552	\$ 137,486		\$ 653,401	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 Residences of Chicago

Report Period Beginning: 1/1/07

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**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	/ /	87,400	60	99	5
6			/ /				6
7	<b>TOTAL</b>			<b>\$ 87,400</b>			<b>7</b>

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

9. Rental amount for movable equipment \$ 2,617

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				
		YES	NO			Original	Balance				
	<b>A. Directly Facility Related</b>										
	<b>Long-Term</b>										
1	IHDA		X	Mortgage	3/16/00	\$ 9,200,000	\$ 8,402,807	9/1/31	6.2600	\$ 530,344	1
2					/ /			/ /			2
3					/ /			/ /			3
	<b>Working Capital</b>										
4	Barton Senior Care	X		Working Capital	1/1/01	660,150	337,031	/ /	4.0000	28,347	4
5	RPSMC	X		Working Capital	1/1/01	660,150		/ /		26,576	5
6					/ /			/ /			6
7	<b>TOTAL Facility Related</b>					<b>\$ 10,520,300</b>	<b>\$ 8,739,838</b>			<b>\$ 585,267</b>	<b>7</b>
	<b>B. Non-Facility Related</b>										
8					/ /			/ /			8
9					/ /			/ /			9
10	<b>TOTALS (lines 7, 8 and 9)</b>					<b>\$ 10,520,300</b>	<b>\$ 8,739,838</b>			<b>\$ 585,267</b>	<b>10</b>

\* 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

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Facility Name: Barton Senior Residences of Chicago

Report Period Beginning: 1/1/07

Ending:

12/31/07

12/31/07

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/07

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 159,396	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 50,000 )	1,102,362		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	153,663		6
7	Other Prepaid Expenses	53,668		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>	\$ 1,469,089	\$	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	12,437,545		14
15	Leasehold Improvements, at Historical Cost	97,821		15
16	Equipment, at Historical Cost	699,085		16
17	Accumulated Depreciation (book methods)	(3,736,365)		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):	1,961,807		22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 11,459,893	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 12,928,982	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 143,482	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	742,519		29
30	Accrued Salaries Payable	56,887		30
31	Accrued Taxes Payable	155,917		31
32	Accrued Interest Payable	45,751		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	Accrued Expenses	105,999		35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 1,250,555	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable	8,402,807		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>	\$ 8,402,807	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 9,653,362	\$	45
46	<b>TOTAL EQUITY</b>	\$ 3,275,620	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 12,928,982	\$	47

\*(See instructions.)

Facility Name: Barton Senior Residences of Chicago

Report Period Beginning: 1/1/07

Ending:

12/31/07

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

		1	
Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 4,215,305	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care</b> (line 1 minus line 2)	\$ 4,215,305	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
11	<b>SUBTOTAL OTHER OPERATING REVENUE</b> (sum of lines 4 thru 10)	\$	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	116,529	13
14	<b>SUBTOTAL Non-Operating Revenue</b> (sum of lines 12 and 13)	\$ 116,529	14
<b>D. Other Revenue (specify):</b>			
15	Miscellaneous Income	1,376	15
16			16
17	<b>SUBTOTAL Other Revenue</b> (sum of lines 15 and 16)	\$ 1,376	17
18	<b>TOTAL REVENUE</b> (sum of lines 3, 11, 14 and 17)	\$ 4,333,210	18

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	1,143,169	19
20	Health Care/ Personal Care	705,947	20
21	General Administration	1,194,229	21
<b>B. Capital Expense</b>			
22	Ownership	1,377,690	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES</b> (sum of lines 19 thru 27)	\$ 4,421,035	28
29	<b>Income Before Income Taxes</b> (line 18 minus line 28)	\$ (87,825)	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR</b> (line 29 minus line 30)	\$ (87,825)	31

**Related Party Costs included on Page 3 of Report**

	<b>Operating Expenses</b>	<b>Costs included in line item</b>	<b>Entity Paid to</b>	<b>Services Performed</b>
Line 10-3	Admin and Clerical	\$ 586,690	Barton Management Inc	Management Services