

		FOR BHF USE			

LL2

**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.

**I.**

Facility Name: Barton Senior Residences of Zion

Address: 3500 Sheridan Rd Zion 60099  
Number City Zip Code

County: Lake

Telephone Number: ( 847 441-8200 Fax # 847 441-0800

Federal Employer ID Number: 84-1689898

Date Current Owners were Certified: 1/1/07

Type of Ownership:

<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 _____	

In the event there are further questions about this report, please contact:  
Name: Rick Duros Telephone Number: ( 847 441-8200

**II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER**

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/07 to 12/31/07 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.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) \_\_\_\_\_ (Date) \_\_\_\_\_

(Type or Print Name) Rick Duros

(Title) Chief Operating/Financial Officer

Paid Preparer

(Signed) \_\_\_\_\_ (Date) \_\_\_\_\_

(Print Name and Title) \_\_\_\_\_

(Firm Name & Address) \_\_\_\_\_

(Telephone) ( ) Fax # ( )

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

Facility Name Barton Senior Residences of Zion

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

**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	130	Single Unit Apartment	130	47,450	1
2		Double Unit Apartment			2
3		Other			3
4	130	TOTALS	130	47,450	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	18,120	6,215		24,335	5
6	Double Unit					6
7	Other					7
8	TOTALS	18,120	6,215		24,335	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 51.29%

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

564 Also, indicate the number of unpaid bed-hold days the SLF had during this year.            (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)

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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? Yes If yes, did the facility make all of the required payments of interest and principle? Yes  
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 Residences of Zion

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	228,419	214,106	3,247	445,772		445,772	1
2	Housekeeping, Laundry and Maintenance	138,731	25,488	61,788	226,007		226,007	2
3	Heat and Other Utilities			148,663	148,663		148,663	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>367,150</b>	<b>239,594</b>	<b>213,698</b>	<b>820,442</b>		<b>820,442</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	355,450	4,697		360,147		360,147	6
7	Activities and Social Services	73,412	8,796	1,042	83,250		83,250	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>428,862</b>	<b>13,493</b>	<b>1,042</b>	<b>443,397</b>		<b>443,397</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	171,302	26,522	241,171	438,995		438,995	10
11	Marketing Materials, Promotions and Advertising			24,811	24,811		24,811	11
12	Employee Benefits and Payroll Taxes			133,408	133,408		133,408	12
13	Insurance-Property, Liability and Malpractice			62,748	62,748		62,748	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	<b>171,302</b>	<b>26,522</b>	<b>462,138</b>	<b>659,962</b>		<b>659,962</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>967,314</b>	<b>279,609</b>	<b>676,878</b>	<b>1,923,801</b>		<b>1,923,801</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			678,429	678,429		678,429	17
18	Interest			466,575	466,575		466,575	18
19	Real Estate Taxes			118,500	118,500		118,500	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			626	626		626	21
22	Other (specify):			27,996	27,996		27,996	22
23	<b>TOTAL Ownership</b>			<b>1,292,126</b>	<b>1,292,126</b>		<b>1,292,126</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>967,314</b>	<b>279,609</b>	<b>1,969,004</b>	<b>3,215,927</b>		<b>3,215,927</b>	<b>24</b>

Facility Name: Barton Senior Residences of Zion

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	4,507	\$ 25.10	1
2	Licensed Practical Nurses	1,436	21.02	2
3	Certified Nurse Assistants	16,727	9.12	3
4	Activity Director & Assistants	2,672	13.77	4
5	Social Service Workers	1,680	19.04	5
6	Head Cook			6
7	Cook Helpers/Assistants	22,382	9.53	7
8	Dishwashers			8
9	Maintenance Workers	1,680	19.28	9
10	Housekeepers	9,047	9.34	10
11	Laundry			11
12	Managers	2,080	50.40	12
13	Other Administrative	3,178	19.70	13
14	Clerical	6,950	9.96	14
15	Marketing			15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>72,339</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>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
Clayton Residential Home Inc		Chicago	
Central Plaza Home, Inc.		Chicago	

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
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).

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1/1/07

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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			2007	2007	\$ 14,442,739	\$ 459,568	30	\$ 481,425	\$ 21,857	\$ 459,568	1
2											2
3											3
4											4
5											5
	<b>Improvement Type</b>										
6	Building Improvement		2007		705,823	35,291	28	25,208	(10,083)	35,291	6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 15,148,562	\$ 494,859		\$ 506,633	\$ 11,774	\$ 494,859	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	\$ 917,852	\$ 183,570	\$ 131,122	(52,448)		\$ 183,570	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 917,852	\$ 183,570	\$ 131,122	(52,448)		\$ 183,570	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 Zion

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**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				/ /				5
6				/ /				6
7	<b>TOTAL</b>				\$			7

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

9. Rental amount for movable equipment \$ 626

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			
	<b>A. Directly Facility Related</b>									
	<b>Long-Term</b>									
1	IHDA		X	Mortgage	/ /	\$ 8,950,000	\$ 8,907,737	6/1/42	5.5500%	\$ 406,575
2					/ /			/ /		
3					/ /			/ /		
	<b>Working Capital</b>									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	<b>TOTAL Facility Related</b>					\$ 8,950,000	\$ 8,907,737			\$ 406,575
	<b>B. Non-Facility Related</b>									
8	Related Party	X		Working Capital	/ /	560,000	560,000	/ /		
9					/ /			/ /		
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 9,510,000	\$ 9,467,737			\$ 406,575

\* 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.

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Report Period Beginning: 1/1/07

Ending:

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## 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	\$ 252,233	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 50,000 )	853,562		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	20,874		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 1,126,669	\$	10
	<b>B. Long-Term Assets</b>			
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	705,823		15
16	Equipment, at Historical Cost	917,852		16
17	Accumulated Depreciation (book methods)	(678,429)		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):	3,075,851		22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 18,963,836	\$	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 20,090,505	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 57,955	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	586,062		29
30	Accrued Salaries Payable	61,357		30
31	Accrued Taxes Payable	122,245		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	Accrued Expenses	89,175		35
36	Deferred Developer Fee	1,763,412		36
37	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 36)	\$ 2,680,206	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable	8,907,737		40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities</b> (sum of lines 38 thru 43)	\$ 8,907,737	\$	44
45	<b>TOTAL LIABILITIES</b> (sum of lines 37 and 44)	\$ 11,587,943	\$	45
46	<b>TOTAL EQUITY</b>	\$ 8,502,562	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 45 and 46)	\$ 20,090,505	\$	47

\*(See instructions.)

Facility Name: Barton Senior Residences of Zion

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	\$ 2,144,923	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 2,144,923</b>	<b>3</b>
<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 (sum of lines 4 thru 10)</b>	<b>\$</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	545,828	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 545,828</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	Miscellaneous Income	40,640	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 40,640</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 2,731,391</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	820,442	19
20	Health Care/ Personal Care	443,397	20
21	General Administration	659,962	21
<b>B. Capital Expense</b>			
22	Ownership	1,292,126	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 (sum of lines 19 thru 27)</b>	<b>\$ 3,215,927</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (484,536)</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ (484,536)</b>	<b>31</b>