

		FOR BHF USE			

LL2

Supportive Living Facility

**2008
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2008)**

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>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</u>) <u>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>) Email Address: <u>rduros@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	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>1/1/08</u> to <u>12/31/08</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) <u>Rick Duros</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>Chief Operating/Financial Officer</u></td> <td></td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) _____</td> <td></td> </tr> <tr> <td></td> <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>) _____	
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Facility Name: Barton Senior Residences of Chicago

Report Period Beginning:

1/1/08

Ending:

12/31/08

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	323,439	282,896	3,255	609,590		609,590	1
2	Housekeeping, Laundry and Maintenance	233,607	25,949	103,884	363,440		363,440	2
3	Heat and Other Utilities			195,746	195,746		195,746	3
4	Other (specify):							4
5	TOTAL General Services	557,046	308,845	302,885	1,168,776		1,168,776	5
B. Health Care and Programs								
6	Health Care/ Personal Care	506,214	5,815		512,029		512,029	6
7	Activities and Social Services	105,913	12,650	8,968	127,531		127,531	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	612,127	18,465	8,968	639,560		639,560	9
C. General Administration								
10	Administrative and Clerical	253,627	7,704	805,974	1,067,305		1,067,305	10
11	Marketing Materials, Promotions and Advertising			7,774	7,774		7,774	11
12	Employee Benefits and Payroll Taxes			189,963	189,963		189,963	12
13	Insurance-Property, Liability and Malpractice			122,921	122,921		122,921	13
14	Other (specify):							14
15	TOTAL General Administration	253,627	7,704	1,126,632	1,387,963		1,387,963	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,422,800	335,014	1,438,485	3,196,299		3,196,299	16
Capital Expenses								
D. Ownership								
17	Depreciation			480,777	480,777		480,777	17
18	Interest			542,015	542,015		542,015	18
19	Real Estate Taxes			111,822	111,822		111,822	19
20	Rent -- Facility and Grounds			81,838	81,838		81,838	20
21	Rent -- Equipment			2,568	2,568		2,568	21
22	Other (specify):			84,517	84,517		84,517	22
23	TOTAL Ownership			1,303,537	1,303,537		1,303,537	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,422,800	335,014	2,742,022	4,499,836		4,499,836	24

Facility Name: Barton Senior Residences of Chicago

Report Period Beginning: 1/1/08 Ending: 12/31/08

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	3,503	\$ 26.36	1
2	Licensed Practical Nurses	5,372	23.16	2
3	Certified Nurse Assistants	27,325	10.38	3
4	Activity Director & Assistants	3,904	10.02	4
5	Social Service Workers	4,840	11.20	5
6	Head Cook			6
7	Cook Helpers/Assistants	34,409	9.31	7
8	Dishwashers			8
9	Maintenance Workers	3,717	15.74	9
10	Housekeepers	14,132	8.40	10
11	Laundry			11
12	Managers	2,080	48.02	12
13	Other Administrative			13
14	Clerical	10,169	10.00	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	109,450	\$	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		\$

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 <u>1</u>	City <u>2</u>
Clayton Residential Home	Chicago
Central Plaza Home	Chicago

OTHER RELATED BUSINESS ENTITIES

Name <u>3</u>	City <u>4</u>	Type of Business <u>5</u>
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: 1/1/08

Ending: 12/31/08

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)	\$ 3,523,680	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Building Improvement		2001	2001	16,810	611	28	611		4,557	6
7	Building Improvement		2002	2002	15,063	548	28	548		3,459	7
8	Building Improvement		2003	2003	7,757	282	28	282		1,422	8
9	Building Improvement		2004	2004	1,845	67	28	67		299	9
10	Building Improvement		2005	2005	8,532	310	28	310		969	10
11	Building Improvement		2006	2006	1,771	276	28	64	(212)	1,356	11
12	Building Improvement		2007	2007	46,041	1,674	28	1,674		3,139	12
13	Building Improvement		2008	2008	28,159	555	28	555		555	13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 12,563,523	\$ 456,552		\$ 418,696	\$ (37,856)	\$ 3,539,436	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	\$ 725,522	\$ 24,225	\$ 145,104	120,879	5	\$ 677,626	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)		\$ 725,522	\$ 24,225	\$ 145,104		\$ 677,626	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

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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		/ /	81,838	60	99	5
6				/ /				6
7	TOTAL				\$ 81,838			7

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

9. Rental amount for movable equipment \$ 2,568

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	\$ 8,243,843	9/1/31	6.2600	\$ 520,672
2					/ /			/ /		
3					/ /			/ /		
	Working Capital									
4	Barton Senior Care	X		Working Capital	1/1/01	660,150	394,942	/ /	4.0000	21,343
5								/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 9,860,150	\$ 8,638,785			\$ 542,015
	B. Non-Facility Related									
8					/ /			/ /		
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$ 9,860,150	\$ 8,638,785			\$ 542,015

* 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

Facility Name: Barton Senior Residences of Chicago

Report Period Beginning: 1/1/08

Ending: 12/31/08

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/08

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 522,890	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 50,000)	1,057,979		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	152,099		6
7	Other Prepaid Expenses	55,815		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,788,783	\$	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	125,980		15
16	Equipment, at Historical Cost	725,523		16
17	Accumulated Depreciation (book methods)	(4,217,142)		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):	2,030,314		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 11,102,220	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 12,891,003	\$	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 115,817	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	566,620		29
30	Accrued Salaries Payable	73,123		30
31	Accrued Taxes Payable	141,744		31
32	Accrued Interest Payable	44,922		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
Other Current Liabilities(specify):				
35	Accrued Expenses	422,335		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,364,561	\$	37
D. Long-Term Liabilities				
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable	8,243,843		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)	\$ 8,243,843	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 9,608,404	\$	45
46	TOTAL EQUITY	\$ 3,282,599	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 12,891,003	\$	47

*(See instructions.)

Facility Name: Barton Senior Residences of Chicago

Report Period Beginning: 1/1/08

Ending:

12/31/08

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	\$ 4,494,255	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,494,255	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	54,565	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 54,565	14
D. Other Revenue (specify):			
15	Miscellaneous Income	716	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 716	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,549,536	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	1,168,776	19
20	Health Care/ Personal Care	639,560	20
21	General Administration	1,387,963	21
B. Capital Expense			
22	Ownership	1,303,537	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)	\$ 4,499,836	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 49,700	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 49,700	31