

		FOR BHF USE			

LL2

Supportive Living Facility

**2009
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2009)**

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 Chicago

Address: 1245 South Wood Chicago 60608
Number City Zip Code

County: Cook

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

Federal Employer ID Number: 36-4307684

Date Current Owners were Certified: 1/1/2000

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: Anca Zota-Oviedo Telephone Number: (847 441-8200)
Email Address: aoviedo@bartonhealthcare.org

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/09 to 12/31/09 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) _____ 3/29/2010
(Date)

(Type or Print Name) Anca Zota-Oviedo

(Title) Chief 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 Chicago

Report Period Beginning: 1/1/09 Ending: 12/31/09

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	134	Single Unit Apartment	134	48,910	1
2	11	Double Unit Apartment	11	4,015	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 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	41,435	1,787		43,222	5
6	Double Unit	2,412			2,412	6
7	Other					7
8	TOTALS	43,847	1,787		45,634	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 86.22%

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

1,267 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 218 (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)

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 Chicago

Report Period Beginning:

1/1/09

Ending:

12/31/09

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	343,892	270,637	3,060	617,589		617,589	1
2	Housekeeping, Laundry and Maintenance	200,392	29,576	108,174	338,142		338,142	2
3	Heat and Other Utilities			189,385	189,385		189,385	3
4	Other (specify):							4
5	TOTAL General Services	544,284	300,213	300,619	1,145,116		1,145,116	5
B. Health Care and Programs								
6	Health Care/ Personal Care	526,381	5,094		531,475		531,475	6
7	Activities and Social Services	149,389	10,570	10,720	170,679		170,679	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	675,770	15,664	10,720	702,154		702,154	9
C. General Administration								
10	Administrative and Clerical	301,180	8,328	747,894	1,057,402		1,057,402	10
11	Marketing Materials, Promotions and Advertising			3,898	3,898		3,898	11
12	Employee Benefits and Payroll Taxes			209,425	209,425		209,425	12
13	Insurance-Property, Liability and Malpractice			123,276	123,276		123,276	13
14	Other (specify):							14
15	TOTAL General Administration	301,180	8,328	1,084,493	1,394,001		1,394,001	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,521,234	324,205	1,395,832	3,241,271		3,241,271	16
Capital Expenses								
D. Ownership								
17	Depreciation			486,597	486,597		486,597	17
18	Interest			514,595	514,595		514,595	18
19	Real Estate Taxes			138,604	138,604		138,604	19
20	Rent -- Facility and Grounds			87,211	87,211		87,211	20
21	Rent -- Equipment			3,326	3,326		3,326	21
22	Other (specify):			78,335	78,335		78,335	22
23	TOTAL Ownership			1,308,668	1,308,668		1,308,668	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,521,234	324,205	2,704,500	4,549,939		4,549,939	24

Facility Name: Barton Senior Residences of Chicago

Report Period Beginning 1/1/09 Ending: 12/31/09

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1,726	\$ 25.74	1
2	Licensed Practical Nurses	7,854	24.73	2
3	Certified Nurse Assistants	27,849	10.19	3
4	Activity Director & Assistants	4,420	10.47	4
5	Social Service Workers	8,494	19.59	5
6	Head Cook	1,272	19.80	6
7	Cook Helpers/Assistants	35,718	9.28	7
8	Dishwashers			8
9	Maintenance Workers	4,264	16.20	9
10	Housekeepers	15,084	8.63	10
11	Laundry			11
12	Managers	3,680	22.04	12
13	Other Administrative			13
14	Clerical	9,268	9.94	14
15	Marketing			15
16	Other	1,260	10.19	16
17	Total (lines 1 thru 16)	120,889	\$	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	1	City	2
Clayton Residential Home		Chicago	
Central Plaza Home		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).

Facility Name: Barton Senior Residences of Chicago

Report Period Beginning:

1/1/09

Ending:

12/31/09

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			2001	2001	\$ 12,437,545	\$ 452,229	30	\$ 414,585	\$ (37,644)	\$ 3,975,909	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Building Improvement			2001	16,810	611	28	611		5,168	6
7	Building Improvement			2002	15,063	548	28	548		4,007	7
8	Building Improvement			2003	7,757	282	28	282		1,704	8
9	Building Improvement			2004	1,845	67	28	67		366	9
10	Building Improvement			2005	8,532	310	28	310		1,279	10
11	Building Improvement			2006	1,771	195	28	64	(131)	1,551	11
12	Building Improvement			2007	46,041	1,674	28	1,674		4,813	12
13	Building Improvement			2008	28,159	1,024	28	1,024		1,579	13
14	Building Improvement			2009	57,483	3,597	28	8,211	4,614	3,597	14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 12,621,006	\$ 460,537		\$ 427,376	\$ (33,161)	\$ 3,999,973	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	\$ 784,290	\$ 26,060	\$ 24,427	(1,633)		\$ 703,686	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 784,290	\$ 26,060	\$ 24,427	(1,633)		\$ 703,686	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: 1/1/09

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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	Land lease	1999		/ /	87,211	60		5
6				/ /				6
7	TOTAL				\$ 87,211			7

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

9. Rental amount for movable equipment \$ 3,326

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		3	4	6		7	8	9	
			Related**	YES			NO	Purpose of Loan				
			YES	NO			Original	Balance				
		A. Directly Facility Related										
		Long-Term										
1		IHDA		X	Mortgage	3/16/00	\$ 9,200,000	\$ 8,074,637	9/1/31	6.2600	\$ 510,382	1
2						/ /			/ /			2
3						/ /			/ /			3
		Working Capital										
4		Central Plaza Home	X		Working Capital	1/1/01	660,150	362,461	/ /		4,213	4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 9,860,150	\$ 8,437,098			\$ 514,595	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 9,860,150	\$ 8,437,098			\$ 514,595	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 Residences of Chicago

Report Period Beginning: 1/1/09

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12/31/09

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/09

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 418,888	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 100,000)	1,284,518		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	146,716		6
7	Other Prepaid Expenses	59,454		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,909,576	\$	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	183,464		15
16	Equipment, at Historical Cost	784,290		16
17	Accumulated Depreciation (book methods)	(4,703,739)		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):	2,071,725		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 10,773,285	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 12,682,861	\$	25

*(See instructions.)

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 109,374	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	559,133		29
30	Accrued Salaries Payable	21,792		30
31	Accrued Taxes Payable	145,167		31
32	Accrued Interest Payable	44,040		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Expenses	405,255		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,284,761	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable	8,074,637		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)	\$ 8,074,637	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 9,359,398	\$	45
46	TOTAL EQUITY	\$ 3,323,463	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 12,682,861	\$	47

Facility Name: Barton Senior Residences of Chicago

Report Period Beginning: 1/1/09

Ending:

12/31/09

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

	1	Amount	
	Revenue		
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 4,561,025	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,561,025	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	29,227	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 29,227	14
	D. Other Revenue (specify):		
15	Miscellaneous Income	549	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 549	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,590,801	18

	2	Amount	
	Expenses		
	A. Operating Expenses		
19	General Services	1,145,116	19
20	Health Care/ Personal Care	702,154	20
21	General Administration	1,394,001	21
	B. Capital Expense		
22	Ownership	1,308,668	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)	\$ 4,549,939	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 40,862	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 40,862	31