

		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 Zion

Address: 3500 Sheridan Road 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: 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 Zion

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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	324,500	326,375	12,967	663,842		663,842	1
2	Housekeeping, Laundry and Maintenance	189,901	25,300	93,623	308,824		308,824	2
3	Heat and Other Utilities			146,603	146,603		146,603	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>514,401</b>	<b>351,675</b>	<b>253,193</b>	<b>1,119,269</b>		<b>1,119,269</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	574,721	10,999		585,720		585,720	6
7	Activities and Social Services	149,483	20,268	918	170,669		170,669	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>724,204</b>	<b>31,267</b>	<b>918</b>	<b>756,389</b>		<b>756,389</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	261,232	16,579	376,418	654,229		654,229	10
11	Marketing Materials, Promotions and Advertising			25,269	25,269		25,269	11
12	Employee Benefits and Payroll Taxes			252,510	252,510		252,510	12
13	Insurance-Property, Liability and Malpractice			95,522	95,522		95,522	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	<b>261,232</b>	<b>16,579</b>	<b>749,719</b>	<b>1,027,530</b>		<b>1,027,530</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,499,837</b>	<b>399,521</b>	<b>1,003,830</b>	<b>2,903,188</b>		<b>2,903,188</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			767,227	767,227		767,227	17
18	Interest			486,713	486,713		486,713	18
19	Real Estate Taxes			167,393	167,393		167,393	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			1,370	1,370		1,370	21
22	Other (specify):			54,885	54,885		54,885	22
23	<b>TOTAL Ownership</b>			<b>1,477,588</b>	<b>1,477,588</b>		<b>1,477,588</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,499,837</b>	<b>399,521</b>	<b>2,481,418</b>	<b>4,380,776</b>		<b>4,380,776</b>	<b>24</b>

Facility Name: Barton Senior Residences of Zion

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	6,941	\$ 27.20	1
2	Licensed Practical Nurses	5,043	23.43	2
3	Certified Nurse Assistants	29,966	9.38	3
4	Activity Director & Assistants	2,333	18.35	4
5	Social Service Workers	5,786	18.79	5
6	Head Cook			6
7	Cook Helpers/Assistants	35,974	9.37	7
8	Dishwashers			8
9	Maintenance Workers	2,701	21.54	9
10	Housekeepers	14,440	9.59	10
11	Laundry			11
12	Managers	2,160	25.94	12
13	Other Administrative			13
14	Clerical	10,442	9.46	14
15	Marketing			15
16	Other	557	8.56	16
17	<b>Total (lines 1 thru 16)</b>	<b>116,343</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).

Facility Name: Barton Senior Residences of Zion

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			2007	2007	\$ 14,442,739	\$ 525,138	30	\$ 481,425	\$ (43,713)	\$ 1,509,844	1
2											2
3											3
4											4
5											5
	<b>Improvement Type</b>										
6	Building Improvement		2007	2007	705,823	60,348	30	25,208	(35,140)	162,692	6
7	Building Improvement		2008	2008	3,532	336	30	126	(210)	513	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)				\$ 15,152,094	\$ 585,822		\$ 506,759	\$ (79,063)	\$ 1,673,049	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	\$ 935,771	\$ 181,405	\$ 133,736	(47,669)		\$ 674,832	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)		\$ 935,771	\$ 181,405	\$ 133,736	(47,669)	\$ 674,832	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: \_\_\_\_\_

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 \$ 1,370

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				
							Original	Balance				
		<b>A. Directly Facility Related</b>										
		<b>Long-Term</b>										
1		IHDA		X	Mortgage	/ /	\$ 8,950,000	\$ 8,726,484	6/1/42	5.5500	\$ 486,713	1
2						/ /			/ /			2
3						/ /			/ /			3
		<b>Working Capital</b>										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		<b>TOTAL Facility Related</b>					\$ 8,950,000	\$ 8,726,484			\$ 486,713	7
		<b>B. Non-Facility Related</b>										
8						/ /			/ /			8
9						/ /			/ /			9
10		<b>TOTALS (lines 7, 8 and 9)</b>					\$ 8,950,000	\$ 8,726,484			\$ 486,713	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 Zion

Report Period Beginning: 1/1/09

Ending:

12/31/09

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/09

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 663,144	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 100,000 )	855,049		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	11,537		6
7	Other Prepaid Expenses	18,547		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)	\$ 1,548,277	\$	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	709,355		15
16	Equipment, at Historical Cost	935,772		16
17	Accumulated Depreciation (book methods)	(2,334,391)		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):	2,651,318		22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 16,904,793	\$	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 18,453,070	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 57,398	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	21,218		29
30	Accrued Salaries Payable	21,025		30
31	Accrued Taxes Payable	190,913		31
32	Accrued Interest Payable	40,360		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	Accrued Expenses	51,421		35
36	Deferred Developer Fee	500,057		36
37	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 36)	\$ 882,392	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable	8,726,484		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)	\$ 8,726,484	\$	44
45	<b>TOTAL LIABILITIES</b> (sum of lines 37 and 44)	\$ 9,608,876	\$	45
46	<b>TOTAL EQUITY</b>	\$ 8,844,194	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 45 and 46)	\$ 18,453,070	\$	47

\*(See instructions.)

Facility Name: Barton Senior Residences of Zion

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

	<b>1</b>	<b>Amount</b>	
	<b>Revenue</b>		
	<b>A. SLF Resident Care</b>		
<b>1</b>	Gross SLF Resident Revenue	\$ 4,395,306	<b>1</b>
<b>2</b>	Discounts and Allowances		<b>2</b>
<b>3</b>	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 4,395,306</b>	<b>3</b>
	<b>B. Other Operating Revenue</b>		
<b>4</b>	Special Services		<b>4</b>
<b>5</b>	Other Health Care Services		<b>5</b>
<b>6</b>	Special Grants		<b>6</b>
<b>7</b>	Gift and Coffee Shop		<b>7</b>
<b>8</b>	Barber and Beauty Care		<b>8</b>
<b>9</b>	Non-Resident Meals		<b>9</b>
<b>10</b>	Laundry		<b>10</b>
<b>11</b>	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$</b>	<b>11</b>
	<b>C. Non-Operating Revenue</b>		
<b>12</b>	Contributions		<b>12</b>
<b>13</b>	Interest and Other Investment Income	23,222	<b>13</b>
<b>14</b>	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 23,222</b>	<b>14</b>
	<b>D. Other Revenue (specify):</b>		
<b>15</b>	Miscellaneous Income	35,178	<b>15</b>
<b>16</b>			<b>16</b>
<b>17</b>	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 35,178</b>	<b>17</b>
<b>18</b>	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 4,453,706</b>	<b>18</b>

	<b>2</b>	<b>Amount</b>	
	<b>Expenses</b>		
	<b>A. Operating Expenses</b>		
<b>19</b>	General Services	1,119,269	<b>19</b>
<b>20</b>	Health Care/ Personal Care	756,389	<b>20</b>
<b>21</b>	General Administration	1,027,530	<b>21</b>
	<b>B. Capital Expense</b>		
<b>22</b>	Ownership	1,477,588	<b>22</b>
	<b>C. Other Expenses</b>		
<b>23</b>	Special Cost Centers		<b>23</b>
<b>24</b>	Non-Operating Expenses		<b>24</b>
<b>25</b>	Other (specify):		<b>25</b>
<b>26</b>			<b>26</b>
<b>27</b>			<b>27</b>
<b>28</b>	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 4,380,776</b>	<b>28</b>
<b>29</b>	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 72,930</b>	<b>29</b>
<b>30</b>	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
<b>31</b>	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ 72,930</b>	<b>31</b>