

		FOR BHF USE			

LL2

Supportive Living Facility

**2010
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2010)**

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 ID Number: 1000005

Facility Name: Barton Senior Residences of Chicago

Address: 1245 South Wood St Chicago 60608
Number City Zip Code

County: Cook

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

Federal Employer ID Number: _____

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: _____

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/10 to 12/31/10 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) <u>Anca Zota-Oviedo</u>	
	(Title) <u>Chief Financial Officer</u>	
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: 1/1/10 Ending: 12/31/10

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 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	39,873	2,266		42,139	5
6	Double Unit	2,321			2,321	6
7	Other					7
8	TOTALS	42,194	2,266		44,460	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 84.01%

D. Indicate the number of paid bed-hold days the SLF had during this year
1,094 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 293 **(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? _____

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:

1/1/10

Ending:

12/31/10

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	352,297	292,392	3,060	647,749		647,749	1
2	Housekeeping, Laundry and Maintenance	203,765	36,084	99,783	339,632		339,632	2
3	Heat and Other Utilities			195,648	195,648		195,648	3
4	Other (specify):							4
5	TOTAL General Services	556,062	328,476	298,491	1,183,029		1,183,029	5
B. Health Care and Programs								
6	Health Care/ Personal Care	531,434	3,631		535,065		535,065	6
7	Activities and Social Services	180,307	10,442	10,992	201,741		201,741	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	711,741	14,073	10,992	736,806		736,806	9
C. General Administration								
10	Administrative and Clerical	308,387	8,842	711,249	1,028,478		1,028,478	10
11	Marketing Materials, Promotions and Advertising			5,264	5,264		5,264	11
12	Employee Benefits and Payroll Taxes			217,926	217,926		217,926	12
13	Insurance-Property, Liability and Malpractice			114,485	114,485		114,485	13
14	Other (specify):							14
15	TOTAL General Administration	308,387	8,842	1,048,924	1,366,153		1,366,153	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,576,190	351,391	1,358,407	3,285,988		3,285,988	16
Capital Expenses								
D. Ownership								
17	Depreciation			505,091	505,091		505,091	17
18	Interest			499,423	499,423		499,423	18
19	Real Estate Taxes			132,289	132,289		132,289	19
20	Rent -- Facility and Grounds			84,091	84,091		84,091	20
21	Rent -- Equipment			4,953	4,953		4,953	21
22	Other (specify):			82,383	82,383		82,383	22
23	TOTAL Ownership			1,308,230	1,308,230		1,308,230	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,576,190	351,391	2,666,637	4,594,218		4,594,218	24

Facility Name: Barton Senior Residences of Chicago

Report Period Beginning: 1/1/10

Ending: 12/31/10

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1,516	\$ 25.67	1
2	Licensed Practical Nurses	7,762	27.13	2
3	Certified Nurse Assistants	26,240	10.28	3
4	Activity Director & Assistants	4,050	10.87	4
5	Social Service Workers	10,488	17.60	5
6	Head Cook			6
7	Cook Helpers/Assistants	35,096	9.90	7
8	Dishwashers			8
9	Maintenance Workers	4,118	16.72	9
10	Housekeepers	14,276	10.90	10
11	Laundry			11
12	Managers	4,152	22.40	12
13	Other Administrative			13
14	Clerical	9,537	10.09	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	117,235	\$	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:

1/1/10

Ending:

12/31/10

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	\$ 452,354	30	\$ 414,585	\$ (37,769)	\$ 4,428,263	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Building Improvement		2001	16,810	611	28	611		5,779	6
7		Building Improvement		2002	15,063	548	28	548		4,555	7
8		Building Improvement		2003	7,757	282	28	282		1,986	8
9		Building Improvement		2004	1,845	67	28	67		433	9
10		Building Improvement		2005	8,532	310	28	310		1,589	10
11		Building Improvement		2006	1,771	195	28	64	(131)	1,746	11
12		Building Improvement		2007	46,041	1,674	28	1,674		6,487	12
13		Building Improvement		2008	28,159	1,024	28	1,024		2,603	13
14		Building Improvement		2009	57,483	5,392	28	2,053	(3,339)	8,989	14
15		Building Improvement		2010	18,318	916	28	654	(262)	916	15
16											16
17	TOTAL (lines 1 thru 16)				\$ 12,639,324	\$ 463,373		\$ 421,872	\$ (41,501)	\$ 4,463,346	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	\$ 821,804	\$ 41,718	\$ 29,786	(11,932)		\$ 745,404	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 821,804	\$ 41,718	\$ 29,786	(11,932)		\$ 745,404	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: 1/1/10

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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

YES NO

9. Rental amount for movable equipment \$ 4,953

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**				Purpose of Loan	Date of Note				
			YES	NO			Original	Balance				
		A. Directly Facility Related										
		Long-Term										
1		IHDA		X	Mortgage	3/16/00	\$ 9,200,000	\$ 7,894,530	9/1/31	6.2600	\$ 499,423	1
2						/ /			/ /			2
3						/ /			/ /			3
		Working Capital										
4									/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 9,200,000	\$ 7,894,530			\$ 499,423	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 9,200,000	\$ 7,894,530			\$ 499,423	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: 1/1/10

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12/31/10

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/10

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,342,634	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>100,000</u>)	6,190		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	114,264		6
7	Other Prepaid Expenses	3,041		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,466,129	\$	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	201,781		15
16	Equipment, at Historical Cost	821,805		16
17	Accumulated Depreciation (book methods)	(5,208,830)		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):	2,148,213		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 10,400,514	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 11,866,643	\$	25

*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 140,911	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	25,744		30
31	Accrued Taxes Payable	144,221		31
32	Accrued Interest Payable	41,183		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Expenses	401,166		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 753,225	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,894,530		39
40	Bonds Payable			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)	\$ 7,894,530	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 8,647,755	\$	45
46	TOTAL EQUITY	\$ 3,218,888	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 11,866,643	\$	47

Facility Name: Barton Senior Residences of Chicago

Report Period Beginning: 1/1/10

Ending:

12/31/10

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	\$ 4,480,884	1
2	Discounts and Allowances		2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 4,480,884	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
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	6,921	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 6,921	14
D. Other Revenue (specify):			
15	Miscellaneous Income	1,840	15
16			16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$ 1,840	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 4,489,645	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	1,183,029	19
20	Health Care/ Personal Care	736,806	20
21	General Administration	1,366,153	21
B. Capital Expense			
22	Ownership	1,308,230	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
TOTAL EXPENSES			
28	(sum of lines 19 thru 27)	\$ 4,594,218	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ (104,573)	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ (104,573)	31