

		FOR BHF USE			

LL2

Supportive Living Facility

**2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2012)**

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. Facility ID Number: <u>1000005</u></p> <p>Facility Name: <u>Barton Senior Residences of Chicago</u></p> <p>Address: <u>1245 South Wood Street</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: _____</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>Anca Oviedo</u> Telephone Number: (<u>847</u>) <u>441-8200</u> Email Address: <u>aoviedo@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>01/01/2012</u> to <u>12/31/2012</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%; vertical-align: top;"> Officer or Administrator of Provider </td> <td> (Signed) _____ (Type or Print Name) <u>Anca Oviedo</u> (Title) <u>Chief Financial Officer</u> </td> </tr> <tr> <td style="vertical-align: top;"> Paid Preparer </td> <td> (Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) (<u> </u>) _____ Fax # (<u> </u>) _____ </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) _____ (Type or Print Name) <u>Anca Oviedo</u> (Title) <u>Chief Financial Officer</u>	Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) (<u> </u>) _____ Fax # (<u> </u>) _____
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																											
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Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) (<u> </u>) _____ Fax # (<u> </u>) _____																												

Facility Name Barton Senior Residences of Chicago

Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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	39,139	1,632		40,771	5
6	Double Unit	2,190			2,190	6
7	Other					7
8	TOTALS	41,329	1,632		42,961	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 81.17%

D. Indicate the number of paid bed-hold days the SLF had during this year 767 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 272 (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? No 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:

01/01/2012

Ending: 12/31/2012

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	336,574	301,122	3,060	640,756		640,756	1
2	Housekeeping, Laundry and Maintenance	202,626	31,233	123,362	357,221		357,221	2
3	Heat and Other Utilities			185,250	185,250		185,250	3
4	Other (specify):							4
5	TOTAL General Services	539,200	332,355	311,672	1,183,227		1,183,227	5
B. Health Care and Programs								
6	Health Care/ Personal Care	588,578	6,533		595,111		595,111	6
7	Activities and Social Services	158,409	9,243	8,266	175,918		175,918	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	746,987	15,776	8,266	771,029		771,029	9
C. General Administration								
10	Administrative and Clerical	341,789	7,574	738,829	1,088,192		1,088,192	10
11	Marketing Materials, Promotions and Advertising			14,082	14,082		14,082	11
12	Employee Benefits and Payroll Taxes			226,933	226,933		226,933	12
13	Insurance-Property, Liability and Malpractice			101,495	101,495		101,495	13
14	Other (specify):							14
15	TOTAL General Administration	341,789	7,574	1,081,339	1,430,702		1,430,702	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,627,976	355,705	1,401,277	3,384,958		3,384,958	16
Capital Expenses								
D. Ownership								
17	Depreciation			493,175	493,175	(40,162)	453,013	17
18	Interest			484,615	484,615		484,615	18
19	Real Estate Taxes			128,401	128,401		128,401	19
20	Rent -- Facility and Grounds			86,766	86,766		86,766	20
21	Rent -- Equipment			5,311	5,311		5,311	21
22	Other (specify): Loan Costs			395,396	395,396		395,396	22
23	TOTAL Ownership			1,593,664	1,593,664	(40,162)	1,553,502	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,627,976	355,705	2,994,941	4,978,622	(40,162)	4,938,460	24

Facility Name: Barton Senior Residences of Chicago

Report Period Beginning 01/01/2012 Ending: 12/31/2012

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2	\$ 31.24	1
2	Licensed Practical Nurses	2	24.36	2
3	Certified Nurse Assistants	11	13.27	3
4	Activity Director & Assistants	2	15.39	4
5	Social Service Workers	1	24.00	5
6	Head Cook			6
7	Cook Helpers/Assistants	16	10.77	7
8	Dishwashers			8
9	Maintenance Workers	1	22.00	9
10	Housekeepers	7	12.62	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1	17.55	13
14	Clerical	5	12.53	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	48	\$	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:

01/01/2012

Ending:

12/31/2012

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	139		2001	2001	\$ 12,437,545	\$ 452,354	30	\$ 414,585	\$ (37,769)	\$ 5,332,846	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Building Improvement		2001	2001	16,810	611	30	560	(51)	7,081	6
7	Building Improvement		2002	2002	15,063	548	30	502	(46)	5,651	7
8	Building Improvement		2003	2003	7,757	282	30	259	(23)	2,550	8
9	Building Improvement		2004	2004	1,845	67	30	62	(6)	567	9
10	Building Improvement		2005	2005	8,532	310	30	284	(26)	2,209	10
11	Building Improvement		2006	2006	1,771		30	59	59	1,770	11
12	Building Improvement		2007	2007	46,041	1,674	30	1,535	(139)	9,835	12
13	Building Improvement		2008	2008	28,159	1,024	30	939	(85)	4,651	13
14	Building Improvement		2009	2009	57,483	4,366	30	1,916	(2,450)	18,205	14
15	Building Improvement		2010	2010	18,318	1,566	30	611	(955)	4,222	15
16	Building Improvement		2011	2011	22,680	2,155	30	756	(1,399)	3,289	16
17	TOTAL (lines 1 thru 16)				\$ 12,662,004	\$ 464,957		\$ 422,067	\$ (42,890)	\$ 5,392,876	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	\$ 857,569	\$ 28,033	\$ 30,823	2,790	7	\$ 808,738	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)		\$ 857,569	\$ 28,033	\$ 30,823		\$ 808,738	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:

01/01/2012

Ending:

12/31/2012

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					\$	\$		\$	\$	\$
2										
3										
4										
5										
	Improvement Type									
6	Carried Forward - Pg5				12,662,004	464,957		422,067	(42,890)	5,392,876
7	Building Improvements			2012	3,700	185	30	123	(62)	185
8										
9										
10										
11										
12										
13										
14										
15										
16										
17	TOTAL (lines 1 thru 16)				\$ 12,665,704	\$ 465,142		\$ 422,190	\$ (42,952)	\$ 5,393,061

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	\$ 857,569	\$ 28,033	\$ 30,823	2,790	7	\$ 808,738
19	Vehicles						
20	TOTAL (lines 18 and 19)	\$ 857,569	\$ 28,033	\$ 30,823	2,790		\$ 808,738

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

1
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Facility Name: Barton Senior Residences of Chicago

Report Period Beginning: 01/01/2012

Ending: 2/31/2012

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		/ /	86,766	60	90	5
6				/ /				6
7	TOTAL				\$ 86,766			7

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

9. Rental amount for movable equipment \$ 5,311

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		Housing & Urban Develop		X	Mortgage	12/20/12	\$ 7,808,400	\$ 7,808,400	1/1/48	2.4200	\$ 484,615	1
2						/ /			/ /			2
3						/ /			/ /			3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 7,808,400	\$ 7,808,400			\$ 484,615	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 7,808,400	\$ 7,808,400			\$ 484,615	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: 01/01/2012

Ending:

12/31/2012

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2012

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,757,446	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 150,000)	1,054,200		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	117,004		6
7	Other Prepaid Expenses	103,352		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,032,002	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost	12,665,704		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	857,569		16
17	Accumulated Depreciation (book methods)	(6,201,799)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs	201,987		20
21	Restricted Funds	487,375		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,010,836	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 11,042,838	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 458,112	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	41,953		30
31	Accrued Taxes Payable	136,974		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 637,039	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,808,400		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)	\$ 7,808,400	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 8,445,439	\$	45
46	TOTAL EQUITY	\$ 2,597,399	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 11,042,838	\$	47

*(See instructions.)

Facility Name: Barton Senior Residences of Chicago

Report Period Beginning: 01/01/2012

Ending:

12/31/2012

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	\$ 4,414,036	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,414,036	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	26,241	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 26,241	14
D. Other Revenue (specify):			
15	Miscellaneous	3,645	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 3,645	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,443,922	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	1,183,227	19
20	Health Care/ Personal Care	771,029	20
21	General Administration	1,430,702	21
B. Capital Expense			
22	Ownership	1,593,664	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)	\$ 4,978,622	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (534,700)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (534,700)	31

