

		FOR BHF USE			

LL2

Supportive Living Facility

**2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2011)**

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>100005</u></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: _____</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 Zota-Oviedo</u> Telephone Number: (<u>847</u>) <u>441-8200</u> Email Address: _____</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>1/1/11</u> to <u>12/31/11</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:30%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td align="right"><u>3/27/2012</u> (Date)</td> </tr> <tr> <td></td> <td>(Type or Print Name) <u>Anca Zota-Oviedo</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>Chief Financial Officer</u></td> <td></td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) _____</td> <td align="right">(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) () _____</td> <td align="right">Fax # () _____</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) _____	<u>3/27/2012</u> (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 # () _____
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																												
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	(Telephone) () _____	Fax # () _____																																												

Facility Name Barton Senior Residences of Chicago

Report Period Beginning: 1/1/11 Ending: 12/31/11

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	39,874	2,430		42,304	5
6	Double Unit	2,321			2,321	6
7	Other					7
8	TOTALS	42,195	2,430		44,625	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 84.32%

D. Indicate the number of paid bed-hold days the SLF had during this year 870 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? 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:

1/1/11

Ending:

12/31/11

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	332,526	306,698	3,060	642,284		642,284	1
2	Housekeeping, Laundry and Maintenance	213,454	29,674	134,604	377,732		377,732	2
3	Heat and Other Utilities			191,527	191,527		191,527	3
4	Other (specify):							4
5	TOTAL General Services	545,980	336,372	329,191	1,211,543		1,211,543	5
B. Health Care and Programs								
6	Health Care/ Personal Care	528,615	4,712		533,327		533,327	6
7	Activities and Social Services	207,618	8,215	10,174	226,007		226,007	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	736,233	12,927	10,174	759,334		759,334	9
C. General Administration								
10	Administrative and Clerical	290,612	6,593	778,117	1,075,322		1,075,322	10
11	Marketing Materials, Promotions and Advertising			9,420	9,420		9,420	11
12	Employee Benefits and Payroll Taxes			216,494	216,494		216,494	12
13	Insurance-Property, Liability and Malpractice			108,325	108,325		108,325	13
14	Other (specify):							14
15	TOTAL General Administration	290,612	6,593	1,112,356	1,409,561		1,409,561	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,572,825	355,892	1,451,721	3,380,438		3,380,438	16
Capital Expenses								
D. Ownership								
17	Depreciation			499,794	499,794		499,794	17
18	Interest			487,759	487,759		487,759	18
19	Real Estate Taxes			108,259	108,259		108,259	19
20	Rent -- Facility and Grounds			85,057	85,057		85,057	20
21	Rent -- Equipment			4,972	4,972		4,972	21
22	Other (specify):			77,560	77,560		77,560	22
23	TOTAL Ownership			1,263,401	1,263,401		1,263,401	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,572,825	355,892	2,715,122	4,643,839		4,643,839	24

Facility Name: Barton Senior Residences of Chicago

Report Period Beginning 1/1/11 Ending: 12/31/11

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 28.95	1
2	Licensed Practical Nurses	3	29.51	2
3	Certified Nurse Assistants	12	10.26	3
4	Activity Director & Assistants	2	11.07	4
5	Social Service Workers	5	14.25	5
6	Head Cook			6
7	Cook Helpers/Assistants	16	9.84	7
8	Dishwashers			8
9	Maintenance Workers	2	17.46	9
10	Housekeepers	7	9.56	10
11	Laundry			11
12	Managers	1	22.87	12
13	Other Administrative			13
14	Clerical	5	10.00	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	56	\$ 12.43	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:

1/1/11

Ending:

12/31/11

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)	\$ 4,880,492	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Building Improvement			2001	16,810	611	28	611		6,390	6
7	Building Improvement			2002	15,063	548	28	548		5,103	7
8	Building Improvement			2003	7,757	282	28	282		2,268	8
9	Building Improvement			2004	1,845	67	28	67		500	9
10	Building Improvement			2005	8,532	310	28	310		1,899	10
11	Building Improvement			2006	1,771	24	28	64	40	1,770	11
12	Building Improvement			2007	46,041	1,674	28	1,674		8,161	12
13	Building Improvement			2008	28,159	1,024	28	1,024		3,627	13
14	Building Improvement			2009	57,483	4,850	28	2,053	(2,797)	13,839	14
15	Building Improvement			2010	18,318	1,740	28	654	(1,086)	2,656	15
16	Building Improvement			2011	22,680	1,134	28	810	(324)	1,134	16
17	TOTAL (lines 1 thru 16)				\$ 12,662,004	\$ 464,493		\$ 422,682	\$ (41,811)	\$ 4,927,839	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	\$ 832,373	\$ 35,301	\$ 31,409	(3,892)		\$ 780,705	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)		\$ 832,373	\$ 35,301	\$ 31,409	(3,892)	\$ 780,705	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: 1/1/11

Ending: 12/31/11

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 \$ 4,972

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	\$ 7,702,819	9/1/31	6.2600	\$ 487,759	1
2						/ /			/ /			2
3						/ /			/ /			3
Working Capital												
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 9,200,000	\$ 7,702,819			\$ 487,759	7
B. Non-Facility Related												
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 9,200,000	\$ 7,702,819			\$ 487,759	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: 1/1/11

Ending:

12/31/11

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/11

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 603,863	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 150,000)	1,205,890		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	40,707		6
7	Other Prepaid Expenses	5,721		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from Others</u>	340		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,856,521	\$	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	224,461		15
16	Equipment, at Historical Cost	832,374		16
17	Accumulated Depreciation (book methods)	(5,708,624)		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):	2,217,029		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 10,002,785	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 11,859,306	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 81,417	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	35,304		30
31	Accrued Taxes Payable	131,738		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	<u>Accrued Expenses</u>	747,328		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 995,787	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	7,702,819		38
39	Mortgage Payable			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)	\$ 7,702,819	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 8,698,606	\$	45
46	TOTAL EQUITY	\$ 3,160,700	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 11,859,306	\$	47

*(See instructions.)

Facility Name: Barton Senior Residences of Chicago

Report Period Beginning: 1/1/11

Ending:

12/31/11

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	\$ 4,565,748	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,565,748	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	19,606	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 19,606	14
D. Other Revenue (specify):			
15	Miscellaneous Income	297	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 297	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,585,651	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	1,211,543	19
20	Health Care/ Personal Care	759,334	20
21	General Administration	1,409,561	21
B. Capital Expense			
22	Ownership	1,263,401	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)	\$ 4,643,839	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (58,188)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (58,188)	31

