

		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>1000073</u></p> <p>Facility Name: <u>Barton Senior Residences of Zion</u></p> <p>Address: <u>3500 Sheridan Rd</u> <u>Zion</u> <u>60099</u> <small>Number City Zip Code</small></p> <p>County: <u>Lake</u></p> <p>Telephone Number: (<u>847 441-8200</u> Fax # <u>847 441-0800</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>1/1/07</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>847 441-8200</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:50%; vertical-align: top;"> <p>Officer or Administrator of Provider</p> <p>(Signed) _____</p> <p>(Type or Print Name) <u>Anca Zota-Oviedo</u></p> <p>(Title) <u>Chief Financial Officer</u></p> </td> <td style="width:50%; vertical-align: top;"> <p>3/27/2012 (Date)</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p>Paid Preparer</p> <p>(Signed) _____</p> <p>(Print Name and Title) _____</p> <p>(Firm Name & Address) _____</p> <p>(Telephone) () _____ Fax # () _____</p> </td> <td></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>	<p>Officer or Administrator of Provider</p> <p>(Signed) _____</p> <p>(Type or Print Name) <u>Anca Zota-Oviedo</u></p> <p>(Title) <u>Chief Financial Officer</u></p>	<p>3/27/2012 (Date)</p>	<p>Paid Preparer</p> <p>(Signed) _____</p> <p>(Print Name and Title) _____</p> <p>(Firm Name & Address) _____</p> <p>(Telephone) () _____ Fax # () _____</p>	
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Facility Name Barton Senior Residences of Zion

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	123	Single Unit Apartment	123	44,895	1
2		Double Unit Apartment			2
3	7	Other	7	2,555	3
4	130	TOTALS	130	47,450	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	38,084	5,532		43,616	5
6	Double Unit					6
7	Other					7
8	TOTALS	38,084	5,532		43,616	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 91.92%

D. Indicate the number of paid bed-hold days the SLF had during this year 836 Also, indicate the number of unpaid bed-hold days the SLF had during this year. (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 Zion

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	363,814	364,467	6,901	735,182		735,182	1
2	Housekeeping, Laundry and Maintenance	195,133	26,186	91,571	312,890		312,890	2
3	Heat and Other Utilities			140,792	140,792		140,792	3
4	Other (specify):							4
5	TOTAL General Services	558,947	390,653	239,264	1,188,864		1,188,864	5
B. Health Care and Programs								
6	Health Care/ Personal Care	587,907	6,252		594,159		594,159	6
7	Activities and Social Services	131,088	15,582	1,583	148,253		148,253	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	718,995	21,834	1,583	742,412		742,412	9
C. General Administration								
10	Administrative and Clerical	258,207	14,291	375,951	648,449		648,449	10
11	Marketing Materials, Promotions and Advertising			18,723	18,723		18,723	11
12	Employee Benefits and Payroll Taxes			281,338	281,338		281,338	12
13	Insurance-Property, Liability and Malpractice			90,716	90,716		90,716	13
14	Other (specify):							14
15	TOTAL General Administration	258,207	14,291	766,728	1,039,226		1,039,226	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,536,149	426,778	1,007,575	2,970,502		2,970,502	16
Capital Expenses								
D. Ownership								
17	Depreciation			687,442	687,442		687,442	17
18	Interest			475,756	475,756		475,756	18
19	Real Estate Taxes			144,098	144,098		144,098	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			9,989	9,989		9,989	21
22	Other (specify):			78,603	78,603		78,603	22
23	TOTAL Ownership			1,395,888	1,395,888		1,395,888	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,536,149	426,778	2,403,463	4,366,390		4,366,390	24

Facility Name: Barton Senior Residences of Zion

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	4	27.02	1
2	Licensed Practical Nurses	2	22.75	2
3	Certified Nurse Assistants	14	9.83	3
4	Activity Director & Assistants	2	8.98	4
5	Social Service Workers	2	21.73	5
6	Head Cook			6
7	Cook Helpers/Assistants	18	9.76	7
8	Dishwashers			8
9	Maintenance Workers	1	21.18	9
10	Housekeepers	7	9.93	10
11	Laundry			11
12	Managers	1	26.93	12
13	Other Administrative			13
14	Clerical	1	9.56	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	52	\$ 12.37	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 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:

1-1-11

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			2007	2007	\$ 14,442,739	\$ 525,138	30	\$ 481,425	\$ (43,713)	\$ 2,560,120	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Building Improvement		2007	2007	705,823	48,914	30	25,208	(23,706)	265,954	6
7	Building Improvement		2008	2008	3,532	272	30	126	(146)	1,087	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	\$ 574,324		\$ 506,759	\$ (67,565)	\$ 2,827,161	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	\$ 953,437	\$ 113,118	\$ 136,205	23,087		\$ 886,611	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)		\$ 953,437	\$ 113,118	\$ 136,205	23,087	\$ 886,611	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 Zion

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				/ /				5
6				/ /				6
7	TOTAL				\$			7

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

9. Rental amount for movable equipment \$ 9,989

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	2	3	4	6	7	8	9		
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense
		YES	NO			Original	Balance			
	A. Directly Facility Related									
	Long-Term									
1	IHDA		X	Mortgage	/ /	\$ 8,950,000	\$ 8,524,004	6/1/42	5.5500	\$ 475,756
2					/ /			/ /		
3					/ /			/ /		
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 8,950,000	\$ 8,524,004			\$ 475,756
	B. Non-Facility Related									
8					/ /			/ /		
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$ 8,950,000	\$ 8,524,004			\$ 475,756

* 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: 1-1-11

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	\$ 1,460,413	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>150,000</u>)	857,505		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	11,966		6
7	Other Prepaid Expenses	6,945		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,336,829	\$	10
	B. Long-Term Assets			
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	953,437		16
17	Accumulated Depreciation (book methods)	(3,713,772)		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):	2,197,780		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 15,089,539	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 17,426,368	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 95,094	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	33,363		30
31	Accrued Taxes Payable	183,552		31
32	Accrued Interest Payable	39,424		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Expenses	19,317		35
36	Accrued Management Fee	615,767		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 986,517	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable	8,524,004		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)	\$ 8,524,004	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 9,510,521	\$	45
46	TOTAL EQUITY	\$ 7,915,847	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 17,426,368	\$	47

*(See instructions.)

Facility Name: Barton Senior Residences of Zion

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	\$ 4,456,595	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,456,595	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	16,247	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 16,247	14
D. Other Revenue (specify):			
15	Miscellaneous Income	18	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 18	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,472,860	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	1,188,864	19
20	Health Care/ Personal Care	742,412	20
21	General Administration	1,039,226	21
B. Capital Expense			
22	Ownership	1,395,888	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)	\$ 4,366,390	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 106,470	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 106,470	31

