

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: 1000073

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:

Date Current Owners were Certified: 1/1/07

Type of Ownership:

☐	VOLUNTARY, NON-PROFIT	☒	PROPRIETARY	☐	GOVERNMENTAL
☐	Charitable Corp.	☐	Individual	☐	State
☐	Trust	☐	Partnership	☐	County
IRS Exemption Code		☐	Corporation	☐	Other
		☒	"Sub-S" Corp.		
		☒	Limited Liability Co.		
		☐	Trust		
		☐	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)	Anca Zota-Oviedo	
Paid Preparer	(Title)	Chief Financial Officer	
	(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: 1/1/10 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	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	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	35,054	9,181		44,235	5
6	Double Unit					6
7	Other					7
8	TOTALS	35,054	9,181		44,235	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 93.22%

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:

1/1/10

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	Supplies	Other	Total			
	A. General Services	1	2	3	4	5	6	
1	Dietary and Food Purchase	363,812	344,029	6,120	713,961		713,961	1
2	Housekeeping, Laundry and Maintenance	192,316	28,445	92,284	313,045		313,045	2
3	Heat and Other Utilities			133,184	133,184		133,184	3
4	Other (specify):							4
5	TOTAL General Services	556,128	372,474	231,588	1,160,190		1,160,190	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	596,566	3,098		599,664		599,664	6
7	Activities and Social Services	130,071	23,672	3,533	157,276		157,276	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	726,637	26,770	3,533	756,940		756,940	9
	C. General Administration							
10	Administrative and Clerical	255,504	16,641	1,576,487	1,848,632		1,848,632	10
11	Marketing Materials, Promotions and Advertising			28,937	28,937		28,937	11
12	Employee Benefits and Payroll Taxes			262,653	262,653		262,653	12
13	Insurance-Property, Liability and Malpractice			92,217	92,217		92,217	13
14	Other (specify):							14
15	TOTAL General Administration	255,504	16,641	1,960,294	2,232,439		2,232,439	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,538,269	415,885	2,195,415	4,149,569		4,149,569	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			691,939	691,939		691,939	17
18	Interest			481,386	481,386		481,386	18
19	Real Estate Taxes			124,418	124,418		124,418	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			1,747	1,747		1,747	21
22	Other (specify):			69,333	69,333		69,333	22
23	TOTAL Ownership			1,368,823	1,368,823		1,368,823	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,538,269	415,885	3,564,238	5,518,392		5,518,392	24

Facility Name: Barton Senior Residences of Zion

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	6,031	\$ 27.38	1
2	Licensed Practical Nurses	5,898	23.07	2
3	Certified Nurse Assistants	30,511	9.61	3
4	Activity Director & Assistants	2,637	11.35	4
5	Social Service Workers	4,160	21.16	5
6	Head Cook			6
7	Cook Helpers/Assistants	37,132	9.70	7
8	Dishwashers			8
9	Maintenance Workers	2,627	20.77	9
10	Housekeepers	13,912	9.85	10
11	Laundry			11
12	Managers	2,080	26.51	12
13	Other Administrative			13
14	Clerical	9,193	9.65	14
15	Marketing	240	9.85	15
16	Other	1,045	9.34	16
17	Total (lines 1 thru 16)	115,466	\$	17

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).

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

Facility Name: Barton Senior Residences of Zion

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			2007	2007	\$ 14,442,739	\$ 525,138	30	\$ 481,425	\$ (43,713)	\$ 2,034,982	1
2											2
3											3
4											4
5											5
6	Improvement Type										
6	Building Improvement			2007	705,823	54,348	30	25,208	(29,140)	217,040	6
7	Building Improvement			2008	3,532	302	30	126	(176)	815	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	\$ 579,788		\$ 506,759	\$ (73,029)	\$ 2,252,837	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	\$ 947,666	\$ 112,151	\$ 135,480	23,329		\$ 773,493	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 947,666	\$ 112,151	\$ 135,480	23,329		\$ 773,493	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

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 \$ 1,747

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	\$ 8,628,046	6/1/42	5.5500	\$ 481,386	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 8,950,000	\$ 8,628,046			\$ 481,386	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 8,950,000	\$ 8,628,046			\$ 481,386	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: 1/1/10

Ending:

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	\$ 1,498,394	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 100,000)	193,652		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	11,939		6
7	Other Prepaid Expenses	6,563		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,710,548	\$	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	947,666		16
17	Accumulated Depreciation (book methods)	(3,026,330)		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):	2,736,330		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 16,309,760	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 18,020,308	\$	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 65,225	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	25,745		30
31	Accrued Taxes Payable	177,864		31
32	Accrued Interest Payable	39,905		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Expenses	21,864		35
36	Accrued Management Fees	1,252,282		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,582,885	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable	8,628,046		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)	\$ 8,628,046	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,210,931	\$	45
46	TOTAL EQUITY	\$ 7,809,377	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 18,020,308	\$	47

*(See instructions.)

Facility Name: Barton Senior Residences of Zion

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	\$ 4,453,369	1
2	Discounts and Allowances		2
	SUBTOTAL Resident Care		
3	(line 1 minus line 2)	\$ 4,453,369	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	9,682	13
	SUBTOTAL Non-Operating Revenue		
14	(sum of lines 12 and 13)	\$ 9,682	14
	D. Other Revenue (specify):		
15	Miscellaneous Income	20,526	15
16			16
	SUBTOTAL Other Revenue		
17	(sum of lines 15 and 16)	\$ 20,526	17
	TOTAL REVENUE		
18	(sum of lines 3, 11, 14 and 17)	\$ 4,483,577	18

		2	
	Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,160,190	19
20	Health Care/ Personal Care	756,940	20
21	General Administration	2,232,439	21
	B. Capital Expense		
22	Ownership	1,368,823	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)	\$ 5,518,392	28
	Income Before Income Taxes		
29	(line 18 minus line 28)	\$ (1,034,815)	29
	Income Taxes		
30		\$	30
	NET INCOME OR LOSS FOR THE YEAR		
31	(line 29 minus line 30)	\$ (1,034,815)	31