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.

I. Facility ID Number: 1000073

Facility Name: Barton Senior Residences of Zion

Address: 3500 Sheridan Road (Number) Zion (City) 60099 (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	[x]	PROPRIETARY	[ ]	GOVERNMENTAL
[ ]	Charitable Corp.	[ ]	Individual	[ ]	State
[ ]	Trust	[ ]	Partnership	[ ]	County
IRS Exemption Code		[ ]	Corporation	[ ]	Other
		[ ]	"Sub-S" Corp.		
		[x]	Limited Liability Co.		
		[ ]	Trust		
		[ ]	Other		

In the event there are further questions about this report, please contact:
Name: Anca Oviedo **Telephone Number:** (847) 441-8200
Email Address: aoviedo@bartonhealthcare.org

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2012 to 12/31/2012 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 Oviedo
(Title) Chief Financial Officer

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 Zion 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 Units at Beginning of Report Period	2 Type of Apartment	3 Units at End of Report Period	4 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 Resident Days by Unit and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
5	Single Unit	37,802	5,901		43,703	5
6	Double Unit					6
7	Other					7
8	TOTALS	37,802	5,901		43,703	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 92.10%

D. Indicate the number of paid bed-hold days the SLF had during this year 528 **Also, indicate the number of unpaid bed-hold days the SLF had during this year.** 140 **(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 [X]

F. Does the BALANCE SHEET x YES [ ] NO [X]

G. List all services provided by your facility for non-residents. (E.g., day care, "meals on wheels", outpatient therapy)

H. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

I. Is your fiscal year identical to your tax year? [X] 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: 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	Supplies	Other	Total			
	A. General Services	1	2	3	4	5	6	
1	Dietary and Food Purchase	356,421	384,027	7,007	747,455		747,455	1
2	Housekeeping, Laundry and Maintenance	199,238	22,716	85,060	307,014		307,014	2
3	Heat and Other Utilities			118,025	118,025		118,025	3
4	Other (specify):							4
5	**TOTAL General Services**	555,659	406,743	210,092	1,172,494		1,172,494	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	662,095	6,980		669,075		669,075	6
7	Activities and Social Services	89,387	18,447	683	108,517		108,517	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	751,482	25,427	683	777,592		777,592	9
	C. General Administration							
10	Administrative and Clerical	336,120	13,472	940,605	1,290,197		1,290,197	10
11	Marketing Materials, Promotions and Advertising			18,304	18,304		18,304	11
12	Employee Benefits and Payroll Taxes			276,951	276,951		276,951	12
13	Insurance-Property, Liability and Malpractice			89,920	89,920		89,920	13
14	Other (specify):							14
15	**TOTAL General Administration**	336,120	13,472	1,325,780	1,675,372		1,675,372	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	1,643,261	445,642	1,536,555	3,625,458		3,625,458	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			630,179	630,179	12,342	642,521	17
18	Interest			469,804	469,804		469,804	18
19	Real Estate Taxes			171,959	171,959		171,959	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			12,515	12,515		12,515	21
22	Other (specify):			77,798	77,798		77,798	22
23	**TOTAL Ownership**			1,362,255	1,362,255	12,342	1,374,597	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	1,643,261	445,642	2,898,810	4,987,713	12,342	5,000,055	24

Facility Name: Barton Senior Residences of Zion 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	$ 26.32	1
2	Licensed Practical Nurses	4	19.10	2
3	Certified Nurse Assistants	11	10.40	3
4	Activity Director & Assistants			4
5	Social Service Workers	1	21.08	5
6	Head Cook			6
7	Cook Helpers/Assistants	16	12.77	7
8	Dishwashers			8
9	Maintenance Workers	1	21.51	9
10	Housekeepers	6	10.25	10
11	Laundry			11
12	Managers	1	48.95	12
13	Other Administrative	1	25.66	13
14	Clerical	5	12.25	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				OTHER RELATED BUSINESS ENTITIES					
Name	1	City	2	Name	3	City	4	Type of Business	5
Clayton Residental Home Inc		Chicago		Barton Management Inc		Northfield		Management	
Central Plaza Home, Inc		Chicago							

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 [X]
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 [X]
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: 01/01/2012 Ending: 12/31/2012

VIII. OWNERSHIP COSTS

A. Purchase price of land 500,000 Year land was acquired 2007

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	130		2007	2007	$ 14,442,739	$ 525,138	30	$ 481,425	$ (43,713)	$ 3,085,258	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Building Improvement			2007	705,823	43,973	30	23,527	(20,446)	309,927	6
7	Building Improvement			2008	3,532	245	30	117	(128)	1,332	7
8	Building Improvement			2012	4,361	218	30	145	(73)	218	8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				$ 15,156,455	$ 569,574		$ 505,214	$ (64,360)	$ 3,396,735	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	$ 961,151	$ 60,605	$ 137,307	76,702		$ 947,216	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	$ 961,151	$ 60,605	$ 137,307	76,702		$ 947,216	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:** 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 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 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 $ _____

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 Related** YES	2 Related** NO	3 Purpose of Loan	4 Date of Note	6 Amount of Note Original	6 Amount of Note Balance	7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
	A. Directly Facility Related										
	Long-Term										
1	IHDA		X	Mortgage	11/1/05	$ 8,950,000	$ 8,414,039	6/1/42	5.5500	$ 469,804	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 8,950,000	$ 8,414,039			$ 469,804	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 8,950,000	$ 8,414,039			$ 469,804	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:** 01/01/2012 **Ending:** 12/31/2012

XI. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/2012 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 930,794	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 150,000)	797,267		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	10,399		6
7	Other Prepaid Expenses	25,371		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): **Advances**	1,200		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,765,031	$	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	713,716		15
16	Equipment, at Historical Cost	961,151		16
17	Accumulated Depreciation (book methods)	(4,343,951)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	298,666		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(83,503)		20
21	Restricted Funds	2,015,430		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 14,504,248	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 16,269,279	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 701,401	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	42,148		30
31	Accrued Taxes Payable	179,670		31
32	Accrued Interest Payable	38,915		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)**	$ 962,134	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	8,414,039		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)**	$ 8,414,039	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 9,376,173	$	45
46	**TOTAL EQUITY**	$ 6,893,106	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 16,269,279	$	47

***(See instructions.)**

Facility Name: Barton Senior Residences of Zion **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.)

	Revenue	1 Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	$ 4,469,042	1
2	Discounts and Allowances		2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 4,469,042	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	27,818	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 27,818	14
	D. Other Revenue (specify):		
15	**Miscellaneous**	367	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 368	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 4,497,228	18

	Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	1,172,494	19
20	Health Care/ Personal Care	777,592	20
21	General Administration	1,675,372	21
	B. Capital Expense		
22	Ownership	1,362,255	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)**	$ 4,987,713	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ (490,485)	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ (490,485)	31