

		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: 1000063

Facility Name: Cambridge House of Maryville

Address: 6960 State Route 162 Maryville 62062
Number City Zip Code

County: Madison

Telephone Number: (618) 288-2211 Fax # (618) 288-2299

Federal Employer ID Number: _____

Date Current Owners were Certified: 11/29/2006

Type of Ownership:

<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input 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 checked="" 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 type="checkbox"/> Limited Liability Co.	
	<input type="checkbox"/> Trust	
	<input type="checkbox"/> Other _____	

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2010 to 12/31/2010 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) <u>David J. Mitchell</u>	
	(Title) <u>CFO, BMA Management, LTD.</u>	
Paid Preparer	(Signed) _____	(Date) _____
	(Print Name and Title) _____	
	(Firm Name & Address) _____	
	(Telephone) <u>()</u> _____ Fax # <u>()</u> _____	

In the event there are further questions about this report, please contact:

Name: Grenshinka Osborne **Telephone Number:** (815) 935-1992 EXT 257
Email Address: _____

**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 Cambridge House of Maryville

Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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	100	Single Unit Apartment	100	36,500	1
2	3	Double Unit Apartment	3	1,095	2
3		Other			3
4	103	TOTALS	103	37,595	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	23,186	11,944		35,130	5
6	Double Unit					6
7	Other					7
8	TOTALS	23,186	11,944		35,130	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 93.44%

D. Indicate the number of paid bed-hold days the SLF had during this year 477 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 86 **(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: 12/31/10 Fiscal Year: 12/31/10

* 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: Cambridge House of Maryville

Report Period Beginning:

01/01/2010

Ending: 12/31/2010

IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments 5	Adjusted Total 6	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
A. General Services								
1	Dietary and Food Purchase	222,387	170,517	1,509	394,413		394,413	1
2	Housekeeping, Laundry and Maintenance	83,135	15,763	56,031	154,929		154,929	2
3	Heat and Other Utilities			124,218	124,218	(10,111)	114,107	3
4	Other (specify): SEE ATTACHMENT PG 3			9,328	9,328		9,328	4
5	TOTAL General Services	305,522	186,280	191,086	682,888	(10,111)	672,777	5
B. Health Care and Programs								
6	Health Care/ Personal Care	400,432	1,890		402,322		402,322	6
7	Activities and Social Services	24,539	3,683		28,222		28,222	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	424,971	5,573		430,544		430,544	9
C. General Administration								
10	Administrative and Clerical	137,157	13,474	311,274	461,905	(17,963)	443,942	10
11	Marketing Materials, Promotions and Advertising	32,694	7,287	32,914	72,895		72,895	11
12	Employee Benefits and Payroll Taxes			183,696	183,696		183,696	12
13	Insurance-Property, Liability and Malpractice			42,286	42,286		42,286	13
14	Other (specify): SEE ATTACHMENT PG 3			29,733	29,733		29,733	14
15	TOTAL General Administration	169,851	20,761	599,903	790,515	(17,963)	772,552	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	900,344	212,614	790,989	1,903,947	(28,074)	1,875,873	16
Capital Expenses								
D. Ownership								
17	Depreciation			466,549	466,549		466,549	17
18	Interest			436,527	436,527		436,527	18
19	Real Estate Taxes			72,842	72,842		72,842	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): SEE ATTACHMENT PG 3			637,188	637,188		637,188	22
23	TOTAL Ownership			1,613,106	1,613,106		1,613,106	23
24	GRAND TOTAL (Sum of lines 16 and 23)	900,344	212,614	2,404,095	3,517,053	(28,074)	3,488,979	24

Facility Name: Cambridge House of Maryville

Report Period Beginning: 01/01/2010

Ending:

12/31/2010

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 28.35	1
2	Licensed Practical Nurses	1	16.81	2
3	Certified Nurse Assistants	14	12.59	3
4	Activity Director & Assistants	1	11.75	4
5	Social Service Workers			5
6	Head Cook	1	13.77	6
7	Cook Helpers/Assistants	10	9.05	7
8	Dishwashers			8
9	Maintenance Workers	1	16.83	9
10	Housekeepers	3	8.24	10
11	Laundry			11
12	Managers	1	32.86	12
13	Other Administrative			13
14	Clerical	3	14.21	14
15	Marketing		28.86	15
16	Other			16
17	Total (lines 1 thru 16)	36	\$	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	BMA Management, LTD	\$ 189,733	1
2			2
Total		\$ 189,733	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 <u>1</u>	City <u>2</u>
Cambridge House of O'Fallon	O'Fallon

OTHER RELATED BUSINESS ENTITIES

Name <u>3</u>	City <u>4</u>	Type of Business <u>5</u>

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: Cambridge House of Maryville

Report Period Beginning:

01/01/2010

Ending:

12/31/2010

VIII. OWNERSHIP COSTSA. Purchase price of land 650,127 Year land was acquired 2004

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	103			2006	\$ 9,629,447	\$ 350,124	28	\$ 343,909	\$ (6,215)	\$ 1,619,151	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Land Improvements				334,649	23,191	15	22,310	(881)	126,095	6
7											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)				\$ 9,964,096	\$ 373,315		\$ 366,219	\$ (7,096)	\$ 1,745,246	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	\$ 806,044	\$ 93,234	\$ 161,209	67,975	5	\$ 756,298	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 806,044	\$ 93,234	\$ 161,209	67,975		\$ 756,298	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: Cambridge House of Maryville

Report Period Beginning: 01/01/2010

Ending: 2/31/2010

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: N/A

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 \$ _____

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**				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	First Mortgage	10/1/06	\$ 6,950	\$ 6,700,312	11/1/41	0.0648	\$ 436,527	1					
2						/ /			/ /			2					
3						/ /			/ /			3					
		Working Capital															
4						/ /			/ /			4					
5						/ /			/ /			5					
6						/ /			/ /			6					
7		TOTAL Facility Related						\$ 6,950	\$ 6,700,312			\$ 436,527	7				
		B. Non-Facility Related															
8						/ /			/ /			8					
9						/ /			/ /			9					
10		TOTALS (lines 7, 8 and 9)						\$ 6,950	\$ 6,700,312			\$ 436,527	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: Cambridge House of Maryville

Report Period Beginning: 01/01/2010

Ending:

12/31/2010

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2010

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,265,090	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	195,368		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	23,960		6
7	Other Prepaid Expenses	1,633		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): PREPAID MIP	28,277		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,514,328	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	984,776		13
14	Buildings, at Historical Cost	9,629,447		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	806,044		16
17	Accumulated Depreciation (book methods)	(2,501,544)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	116,895		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(29,698)		20
21	Restricted Funds	1,758,548		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 10,764,468	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 12,278,796	\$	25

*(See instructions.)

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 39,452	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	43,752		30
31	Accrued Taxes Payable	71,268		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	SEE ATTACHMENTS PG 7	716,279		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 870,751	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,700,312		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)	\$ 6,700,312	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,571,063	\$	45
46	TOTAL EQUITY	\$ 4,707,733	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 12,278,796	\$	47

Facility Name: Cambridge House of Maryville

Report Period Beginning: 01/01/2010

Ending:

12/31/2010

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	\$ 3,071,216	1
2	Discounts and Allowances	(20,862)	2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 3,050,354	3
B. Other Operating Revenue			
4	Special Services	95,814	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	22,547	8
9	Non-Resident Meals	4,905	9
10	Laundry		10
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$ 123,266	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	25,476	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 25,476	14
D. Other Revenue (specify):			
15	SEE ATTACHMENTS PG 8	8,056	15
16			16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$ 8,056	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 3,207,152	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	682,888	19
20	Health Care/ Personal Care	430,544	20
21	General Administration	790,515	21
B. Capital Expense			
22	Ownership	1,613,106	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)	\$ 3,517,053	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ (309,901)	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ (309,901)	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	1,350
Rubbish Removal	3,673
Vehicle Expense	2,961
Water Softener	<u>1,344</u>
TOTAL	<u><u>9,328</u></u>

C. General Administration - Other

Consulting	3,316
Audit	12,040
Contract Labor	1,000
Bad Debt Expense	<u>13,377</u>
TOTAL	<u><u>29,733</u></u>

D. Ownership

Mortgage Service Fee	16,841
Mortgage Insurance Prem	34,320
Partnership Management Fee	25,000
Asset Management Fee	5,004
Incentive Management	546,558
Tax Crdit & Incentive Fee	2,100
Amortization Expense	6,365
Property Damage Loss	<u>1,000</u>
TOTAL	<u><u>637,188</u></u>

Reclassifications and Adjustments

Heat & Other Utilities	(10,111) Cable
Administrative and Clerical	(17,963) Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Asset Management Fee	5,004
Accrued Partnership Mgmt Fee	25,000
Accrued Incentive Mgmt Fee	546,558
Accrued Liabilities	121,698
Unearned Revenue	<u>18,019</u>
Total Other Current Liabilities	<u><u>716,279</u></u>

INCOME STATEMENT

D. Other Revenue

Contract Service	3,023
Insurance Adjustments	<u>5,033</u>
Total Other Revenue	<u><u>8,056</u></u>