FOR BHF USE

LL2

Supportive Living Facility

2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2015)

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 (Number) MARYVILLE (City) 62062 (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:

	VOLUNTARY, NON-PROFIT		PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust	X	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: Thomas Staszak **Telephone Number:** (815) 935-1992

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 01/01/2015 to 12/31/2015 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) David J. Mitchell

(Title) CFO, Gardant Management Solutions

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 CAMBRIDGE HOUSE OF MARYVILLE Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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	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 Resident Days by Unit and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
5	Single Unit	31,143	5,058		36,201	5
6	Double Unit					6
7	Other					7
8	TOTALS	31,143	5,058		36,201	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 96.29%

D. Indicate the number of paid bed-hold days the SLF had during this year 527 **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 [X]

F. Does the BALANCE SHEET reflect any non-SLF assets? 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: 2015 Fiscal Year: 2015
* 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: 01/01/2015 Ending: 12/31/2015**

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	214,428	200,705	1,987	417,120		417,120	1
2	Housekeeping, Laundry and Maintenance	107,168	31,877	103,814	242,859		242,859	2
3	Heat and Other Utilities			141,379	141,379	(21,954)	119,425	3
4	Other (specify): See Page 3 Attachment			26,072	26,072		26,072	4
5	**TOTAL General Services**	321,596	232,582	273,252	827,430	(21,954)	805,475	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	436,050	6,781		442,831		442,831	6
7	Activities and Social Services	17,913	4,631		22,544		22,544	7
8	Other (specify): See Attachment							8
9	**TOTAL Health Care and Programs**	453,963	11,412		465,375		465,375	9
	C. General Administration							
10	Administrative and Clerical	172,604	47,087	354,683	574,374	(34,220)	540,154	10
11	Marketing Materials, Promotions and Advertising	42,491	11,880	43,017	97,388		97,388	11
12	Employee Benefits and Payroll Taxes			251,764	251,764		251,764	12
13	Insurance-Property, Liability and Malpractice			56,760	56,760		56,760	13
14	Other (specify): See Page 3 Attachment			33,116	33,116		33,116	14
15	**TOTAL General Administration**	215,095	58,967	739,340	1,013,402	(34,220)	979,182	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	990,654	302,961	1,012,592	2,306,207	(56,175)	2,250,032	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			392,970	392,970		392,970	17
18	Interest			411,278	411,278		411,278	18
19	Real Estate Taxes			77,892	77,892		77,892	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): See Page 3 Attachment			568,066	568,066		568,066	22
23	**TOTAL Ownership**			1,450,206	1,450,206		1,450,206	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	990,654	302,961	2,462,798	3,756,413	(56,175)	3,700,238	24

Facility Name: CAMBRIDGE HOUSE OF MARYVILLE Report Period Beginning 01/01/2015 Ending: 12/31/2015

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	Inc line 12	$ Inc line 12	1
2	Licensed Practical Nurses	1	19.70	2
3	Certified Nurse Assistants	15	10.72	3
4	Activity Director & Assistants	Inc line 12	Inc line 12	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	10	9.18	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	9.13	10
11	Laundry			11
12	Managers	5	19.06	12
13	Other Administrative	4	23.01	13
14	Clerical	Inc line 13	Inc line 13	14
15	Marketing	Inc line 12	Inc line 12	15
16	Other			16
17	Total (lines 1 thru 16)	38	$	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	Gardant Management Solutions	$ 210,284	1
2			2
		Total $ 210,284	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
CAMBRIDGE HOUSE OF O'FALLON	O'FALLON			
CAMBRIDGE HOUSE OF SWANSEA	SWANSEA			

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: CAMBRIDGE HOUSE OF MARYVILLE Report Period Beginning: 01/01/2015 Ending: 12/31/2015

VIII. OWNERSHIP COSTS

A. 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	$ 350,161	28	$ 343,909	$ (6,252)	$ 3,369,924	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements				334,649	19,744	15	22,310	2,566	231,941	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	$ 369,905		$ 366,219	$ (3,686)	$ 3,601,865	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	$ 909,839	$ 23,065	$ 181,968	$ 158,903	5	$ 873,054	18
19	Vehicles				$			19
20	TOTAL (lines 18 and 19)	$ 909,839	$ 23,065	$ 181,968	158,903		$ 873,054	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: 01/01/2015 Ending: 2/31/2015

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	FIRST MORTGAGE	10/01/06	$ 6,950,000	$ 6,304,706	11/01/41	.0648	$ 411,278	1
2					/ /			/ /	.0000	$	2
3					/ /			/ /	.0000	$	3
4					/ /			/ /	.0000	$	4
5					/ /			/ /	.0000	$	5
	Working Capital										
6					/ /			/ /	.0000	$	6
7	TOTAL Facility Related					$ 6,950,000	$ 6,304,706			$ 411,278	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 6,950,000	$ 6,304,706			$ 411,278	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:** 01/01/2015 **Ending:** 12/31/2015

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 805,426	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (28,014))	485,643		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	63,504		6
7	Other Prepaid Expenses	15,298		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Page 7 Attachment	324		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,370,195	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	650,127		13
14	Buildings, at Historical Cost	9,629,447		14
15	Leasehold Improvements, at Historical Cost	334,649		15
16	Equipment, at Historical Cost	909,839		16
17	Accumulated Depreciation (book methods)	(4,474,919)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	116,895		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(61,498)		20
21	Restricted Funds	1,930,429		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 9,034,970	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 10,405,165	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 42,969	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	22,029		30
31	Accrued Taxes Payable	80,062		31
32	Accrued Interest Payable	35,359		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	644,122		35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 824,540	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,304,706		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)**	$ 6,304,706	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 7,129,246	$	45
46	**TOTAL EQUITY**	$ 3,275,919	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 10,405,165	$	47

***(See instructions.)**

Facility Name: CAMBRIDGE HOUSE OF MARYVILLE **Report Period Beginning: 01/01/2015 Ending: 12/31/2015**

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	$ 3,377,560	1
2	Discounts and Allowances	(25,607)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 3,351,953	3
	B. Other Operating Revenue		
4	Special Services	130,173	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	16,495	8
9	Non-Resident Meals	7,363	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 154,031	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	4,299	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 4,299	14
	D. Other Revenue (specify):		
15	**See Page 8 Attachment**	2,850	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 2,850	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 3,513,133	18

	Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	827,430	19
20	Health Care/ Personal Care	465,375	20
21	General Administration	1,013,402	21
	B. Capital Expense		
22	Ownership	1,450,206	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)**	$ 3,756,413	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ (243,280)	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ (243,280)	31

Expenses PG 3 Other

	General Services Other		Health Care & Programs		General Administration Other	Amt		Ownership Other	Amt
5200-5000-0-0	Operating Allocation	-		5160-5060-0-0	Consulting	625	9100-9101-0-0	Interest & Dividend Income	-
5200-5124-0-0	Exterminating	1,653		5160-5063-0-0	Legal	5,643	9100-9102-0-0	Assessment Income	-
5200-5127-0-0	Rubbish Removal	4,134		5160-5064-0-0	Accounting	150	9100-9103-0-0	Assessment Expense	-
5200-5130-0-0	Vehicle Expense	5,426		5160-5066-0-0	Audit	13,730	9200-9202-0-0	Financing Fees	1,297
5200-5131-0-0	Transportation Service	-		5160-5067-0-0	Contract Labor-Serv Prov	-	9200-9204-0-0	Mortgage Service Fee	15,867
5300-5140-0-0	Security & Monitoring	14,858		5160-5068-0-0	Contract Labor	2,384	9200-9205-0-0	Mortgage Insurance Prem	31,485
				5190-5000-0-0	Other Admin Allocation	0	9200-9206-0-0	Participation Fee	-
				5180-5079-0-0	Bad Debt - Resident	11,881	9200-9207-0-0	Letter of Credit Fee	-
				5180-5079-1-0	Bad Debt - Resident - Recovery	(1,215)	9200-9208-0-0	Bond & Draw Fee	-
				5180-5080-0-0	Bad Debt - Resident Prior Period	-	9200-9209-0-0	Remarketing and Trustee Fee	-
				5180-5081-0-0	Bad Debt - Medicaid Pending Deni	(80)	9200-9210-0-0	Interest Expense-Note	-
				5180-5081-1-0	Bad Debt - Medicaid Pending - Rec	-	9200-9211-0-0	Interest Expense-LP	-
				5180-5082-0-0	Bad Debt - Medicaid Denial Prior I	-	9200-9212-0-0	Debt Write-Off	-
							9300-9301-0-0	Partnership Management Fee	25,000
							9300-9302-0-0	Asset Management Fee	5,004
							9300-9303-0-0	Incentive Management	482,423
							9300-9303-1-0	Incentive Asset Mgmt Fee	-
							9300-9304-0-0	Tax Credit Fees & Incentive Fee	630
							9300-9305-0-0	Organizational Expense	-
							9300-9306-0-0	Developer Fees	-
							9300-9307-0-0	Closing Costs	-
							9700-9702-0-0	Amortization Expense	6,360
							9900-9901-0-0	Prior Period Adjustments	-
							9900-9902-0-0	Dissolution of Business	-
							9900-9903-0-0	Loss (Gain) on Sale of Assets	-
							9900-9904-0-0	Business Interruption	-
							9900-9905-0-0	Settlement	-
							9900-9906-0-0	Property Damage Loss	-
							9900-9907-0-0	Abandonment Loss	-
							9900-9908-0-0	Grant Income	-
							9900-9909-0-0	Misc: Title, Recording, Transfer	-
		26,072	-			33,116			568,066

Balance Sheet

	Other Current Assets Detail	Amt
1102-9971-0-0	A/R-Employee Advance	-
1102-9972-0-0	A/R-Gardant Mgmt Solutions	-
1102-9973-0-0	A/R-Insurance Reimbursement	-
1102-9974-0-0	A/R-Subscription Receivable	-
1102-9975-0-0	A/R-CIP	-
1102-9976-0-0	A/R-Other	-
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0006-0-0	Security Deposit-Equip & Util	324
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
		324

	Other Long Term Assets Detail	
1201-0020-0-0	CIP	-
1201-0021-0-0	CIP- Land Option Addition	-
1201-0022-0-0	CIP- Other Addition	-
		-

	Current Liabilities Detail	Amt
2112-0100-0-0	Accrued Asset Management Fee	5,004
2112-0101-0-0	Accrued Partnership Mgmt Fee	25,000
2112-0102-0-0	Accrued Incentive Mgmt Fee	482,423
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
2112-0105-0-0	Accrued Liabilities	115,313
2112-0110-0-0	Accrued Insurance	-
2112-0115-0-0	Accrued Developer Fee	-
2112-0130-0-0	Accrued MIP	-
2112-0140-0-0	Accrued Vacation	-
2112-0146-0-0	Payroll Benefits	-
2112-0150-0-0	Security Deposits	-
2112-0154-0-0	Unclaimed Property	4,675
2112-0155-0-0	Reservation Deposit	-
2112-0156-0-0	Buy Down Credit	-
2112-0157-0-0	Unapplied Last Month Rent	-
2112-0158-0-0	Deferred Gain on Sale	-
2112-0159-0-0	Unearned Revenue	11,707
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
2111-0040-0-0	Construction Account Payable	-
2112-0140-0-0	Accrued Vacation	0
2112-0144-0-0	Payroll Union Dues	0
		644,122

Income Statement

	Other Revenue	Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	827
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	-
3300-3393-0-0	Insurance Adjustments	2,023
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
		2,850