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.

I. Facility ID Number: 1000031

Facility Name: Cambridge House LP

Address: 844 Cambridge Lane (Number) O'Fallon (City) 62269 (Zip Code)

County: St. Clair

Telephone Number: (618) 624-9900 **Fax #** (618) 624-9904

Federal Employer ID Number:

Date Current Owners were Certified: 4/16/2004

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: Grenshinka Osborne **Telephone Number:** (815) 935-1992 EXT 257
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 01/01/2011 to 12/31/2011 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, BMA Management, LTD.

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 LP Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	26,209	10,193		36,402	5
6	Double Unit					6
7	Other					7
8	TOTALS	26,209	10,193		36,402	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 96.83%

D. Indicate the number of paid bed-hold days the SLF had during this year 65 **Also, indicate the number of unpaid bed-hold days the SLF had during this year.** None **(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: 12/31/2011 Fiscal Year: 12/31/2011
* 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 LP **Report Period Beginning: 01/01/2011 Ending: 12/31/2011**

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	247,215	180,204	1,390	428,809		428,809	1
2	Housekeeping, Laundry and Maintenance	91,663	22,105	65,073	178,841		178,841	2
3	Heat and Other Utilities			180,890	180,890	(21,116)	159,774	3
4	Other (specify):			11,520	11,520		11,520	4
5	**TOTAL General Services**	338,878	202,309	258,873	800,060	(21,116)	778,944	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	375,853	2,593		378,446		378,446	6
7	Activities and Social Services	28,170	4,506		32,676		32,676	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	404,023	7,099		411,122		411,122	9
	C. General Administration							
10	Administrative and Clerical	161,332	10,814	321,462	493,608	(15,562)	478,046	10
11	Marketing Materials, Promotions and Advertising	23,980	5,286	24,899	54,165		54,165	11
12	Employee Benefits and Payroll Taxes			217,534	217,534		217,534	12
13	Insurance-Property, Liability and Malpractice			52,989	52,989		52,989	13
14	Other (specify):			15,735	15,735		15,735	14
15	**TOTAL General Administration**	185,312	16,100	632,619	834,031	(15,562)	818,469	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	928,213	225,508	891,492	2,045,213	(36,678)	2,008,535	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			316,583	316,583		316,583	17
18	Interest			423,752	423,752		423,752	18
19	Real Estate Taxes			67,865	67,865		67,865	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			525,384	525,384		525,384	22
23	**TOTAL Ownership**			1,333,584	1,333,584		1,333,584	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	928,213	225,508	2,225,076	3,378,797	(36,678)	3,342,119	24

Facility Name: Cambridge House LP Report Period Beginning 01/01/2011 Ending: 12/31/2011

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	$ 29.84	1
2	Licensed Practical Nurses	1	19.23	2
3	Certified Nurse Assistants	13	13.26	3
4	Activity Director & Assistants	1	13.49	4
5	Social Service Workers			5
6	Head Cook	1	17.58	6
7	Cook Helpers/Assistants	11	9.69	7
8	Dishwashers			8
9	Maintenance Workers	1	16.02	9
10	Housekeepers	3	8.66	10
11	Laundry			11
12	Managers	1	40.50	12
13	Other Administrative			13
14	Clerical	3	13.71	14
15	Marketing	0	26.47	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.	$ 201,444	1
2			2
		Total $ 201,444	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 Maryville I LP	Maryville			
Cambridge House of Swansea LP	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 LP Report Period Beginning: 01/01/2011 Ending: 12/31/2011

VIII. OWNERSHIP COSTS

A. Purchase price of land 1,028,000 Year land was acquired 2002

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			2003	$ 8,086,895	$ 294,948	28	$ 288,818	$ (6,130)	$ 2,390,781	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Land Improvements				229,973	15,310	15	15,332	22	229,973	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)				$ 8,316,868	$ 310,258		$ 304,149	$ (6,109)	$ 2,620,754	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	$ 623,903	$ 6,325	$ 124,781	118,456	5	$ 598,199	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	$ 623,903	$ 6,325	$ 124,781	118,456		$ 598,199	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 LP Report Period Beginning: 01/01/2011 Ending: 2/31/2011

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 [X] 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 [X] 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	4/16/2004	$ 7,470,000	$ 7,048,873	3/1/44	0.0598	$ 423,752	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 7,470,000	$ 7,048,873			$ 423,752	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 7,470,000	$ 7,048,873			$ 423,752	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 LP **Report Period Beginning:** 01/01/2011 **Ending:** 12/31/2011

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2011 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 1,336,441	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	600,877		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	40,520		6
7	Other Prepaid Expenses	8,681		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Utility Security Dep	5,973		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,992,492	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,257,973		13
14	Buildings, at Historical Cost	8,086,895		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	623,903		16
17	Accumulated Depreciation (book methods)	(3,113,549)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	408,681		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(256,499)		20
21	Restricted Funds	1,339,958		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 8,347,363	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 10,339,855	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 42,922	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	46,676		30
31	Accrued Taxes Payable	67,896		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	363,951		35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 521,445	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,048,873		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)**	$ 7,048,873	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 7,570,317	$	45
46	**TOTAL EQUITY**	$ 2,769,537	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 10,339,855	$	47

***(See instructions.)**

Facility Name: Cambridge House LP **Report Period Beginning: 01/01/2011 Ending: 12/31/2011**

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	$ 3,195,453	1
2	Discounts and Allowances	(10,501)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 3,184,952	3
	B. Other Operating Revenue		
4	Special Services	157,498	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	21,760	8
9	Non-Resident Meals	3,989	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 183,247	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	(5,011)	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ (5,011)	14
	D. Other Revenue (specify):		
15	**Insurance Adj**	4,690	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 4,690	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 3,367,878	18

	Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	800,060	19
20	Health Care/ Personal Care	411,122	20
21	General Administration	834,031	21
	B. Capital Expense		
22	Ownership	1,333,584	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)**	$ 3,378,797	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ (10,919)	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ (10,919)	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	1,443
Rubbish Removal	6,129
Vehicle Expense	3,344
Transportation Service	-
Water Softener	604
Misc Operating	-
Total	**11,520**

C. General Administration - Other

Consulting	-
Legal	90
Accounting	60
Audit	12,310
Contract labor	1,200
Bad Debt	2,075
Total	**15,735**

D. Ownership

Mortgage Insurance Premium	35,220
Mortgage Service Fee	17,716
Partnership Management Fee	25,000
Asset Management Fee	5,004
Incentive Manangement Fee	432,062
Tax Credit Fee & Incentive Fee	2,150
Amortization Expense	8,232
Remarketing and Trustee Fee	
Property Damage Loss	
Interest Income	-
Total	**525,384**

Reclassifications and Adjustments

Heat & Other Utilities	(21,116)	Cable
Administrative and Clerical	(15,562)	Telephone Revenue

C. Current Liabilities

Accrued Asset Management Fee	5,004
Accrued Partnership Mgmt Fee	25,000
Accrued Incentive Mgmt Fee	312,943
Accrued Liabilities	18,812
Unclaimed Property	1,639
Unearned Revenue	553
Total Other Current Liabilities	**363,951**