

		FOR BHF USE			

LL2

**Supportive Living Facility**  
**2006**  
**STATE OF ILLINOIS**  
**DEPARTMENT OF HEALTHCARE & FAMILY SERVICES**  
**COST REPORT FOR**  
**SUPPORTIVE LIVING FACILITIES**  
**(FISCAL YEAR 2006)**

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 Name: Cambridge House

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

County: St. Clair

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

Federal Employer ID Number: 37-1410030

Date Current Owners were Certified: 04/16/04

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 _____	

In the event there are further questions about this report, please contact:  
 Name: Selena Edgington Telephone Number: 815-935-1992 Ext 232

**II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER**

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2006 to 12/31/2006 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> ) _____	

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

Report Period Beginning: 01/01/2006 Ending: 12/31/2006

**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 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	24,670	12,768		37,438	5
6	Double Unit					6
7	Other					7
8	TOTALS	24,670	12,768		37,438	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 99.58%

D. Indicate the number of paid bed-hold days the SLF had during this year

115 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

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)

None

H. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

I. Is your fiscal year identical to your tax year?  YES  NO

Tax Year: 12/31/2006 Fiscal Year: 12/31/2006

\* 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

Report Period Beginning:

01/01/2006

Ending: 12/31/2006

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

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
<b>A. General Services</b>								
1	Dietary and Food Purchase	218,158	174,012	1,580	393,750		393,750	1
2	Housekeeping, Laundry and Maintenance	74,308	10,796	41,741	126,845		126,845	2
3	Heat and Other Utilities			124,732	124,732	(9,036)	115,696	3
4	Other (specify):			7,693	7,693		7,693	4
5	<b>TOTAL General Services</b>	292,466	184,808	175,746	653,020	(9,036)	643,984	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	389,497	2,444		391,941		391,941	6
7	Activities and Social Services	21,780	2,970	1,950	26,700		26,700	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	411,277	5,414	1,950	418,641		418,641	9
<b>C. General Administration</b>								
10	Administrative and Clerical	115,395	12,109	233,619	361,123	(20,307)	340,816	10
11	Marketing Materials, Promotions and Advertising	22,968	14,578	42,160	79,706		79,706	11
12	Employee Benefits and Payroll Taxes			169,335	169,335		169,335	12
13	Insurance-Property, Liability and Malpractice			72,824	72,824		72,824	13
14	Other (specify):			27,268	27,268		27,268	14
15	<b>TOTAL General Administration</b>	138,363	26,687	545,206	710,256	(20,307)	689,949	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	842,106	216,909	722,902	1,781,917	(29,343)	1,752,574	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			390,713	390,713		390,713	17
18	Interest			441,343	441,343	(30,109)	411,234	18
19	Real Estate Taxes			101,492	101,492		101,492	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			434,170	434,170		434,170	22
23	<b>TOTAL Ownership</b>			1,367,718	1,367,718	(30,109)	1,337,609	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	842,106	216,909	2,090,620	3,149,635	(59,452)	3,090,183	24

Facility Name: Cambridge House

Report Period Beginning: 01/01/2006

Ending:

12/31/2006

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 25.80	1
2	Licensed Practical Nurses	1	15.07	2
3	Certified Nurse Assistants	14	10.21	3
4	Activity Director & Assistants	1	10.48	4
5	Social Service Workers			5
6	Head Cook	3	11.99	6
7	Cook Helpers/Assistants	9	8.00	7
8	Dishwashers			8
9	Maintenance Workers	1	15.81	9
10	Housekeepers	3	7.48	10
11	Laundry			11
12	Managers	1	36.80	12
13	Other Administrative	1	13.23	13
14	Clerical	1	10.21	14
15	Marketing	1	29.10	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>36</b>	<b>\$</b>	<b>17</b>

**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
				<b>Total</b>	<b>6</b>
				\$	

**VI. (B) Management fees paid to unrelated parties**

		Amount of Fee	
1	BMA Management, LTD	\$ 153,041	1
2			2
		<b>Total</b>	<b>3</b>
		\$	153,041

**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
Cambridge House of Maryville		Maryville	

**OTHER RELATED BUSINESS ENTITIES**

Name	3	City	4	Type of Business	5

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

Report Period Beginning:

01/01/2006

Ending:

12/31/2006

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	\$ 294,040	28	\$ 294,040	\$	\$ 918,915	1
2											2
3											3
4											4
5											5
	<b>Improvement Type</b>										
6	Land Improvements				229,973	15,339	15	15,339		47,926	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	\$ 309,379		\$ 309,379	\$	\$ 966,841	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	\$ 570,384	\$ 81,334	\$ 81,334	\$	5	\$ 440,256	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 570,384	\$ 81,334	\$ 81,334	\$		\$ 440,256	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

Report Period Beginning: 01/01/2006

Ending: 2/31/2006

**IX. RENTAL COSTS**

**A. Building and Fixed Equipment**

1. Name of Party Holding Lease: None

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	<b>TOTAL</b>				\$			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	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			
	<b>A. Directly Facility Related</b>									
	<b>Long-Term</b>									
1	IHDA		X	Mortgage	12/1/03	\$ 7,470,000	\$ 7,352,647	3/1/44	0.0598	\$ 441,343
2					/ /			/ /		
3					/ /			/ /		
	<b>Working Capital</b>									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	<b>TOTAL Facility Related</b>					\$ 7,470,000	\$ 7,352,647			\$ 441,343
	<b>B. Non-Facility Related</b>									
8					/ /			/ /		
9					/ /			/ /		
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 7,470,000	\$ 7,352,647			\$ 441,343

\* 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

Report Period Beginning: 01/01/2006

Ending:

12/31/2006

12/31/2006

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2006

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 833,734	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	629,644		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	67,790		6
7	Other Prepaid Expenses	139		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Security Deposits</u>	5,973		9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 1,537,280	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,028,000		13
14	Buildings, at Historical Cost	8,086,895		14
15	Leasehold Improvements, at Historical Cost	229,973		15
16	Equipment, at Historical Cost	570,384		16
17	Accumulated Depreciation (book methods)	(1,407,097)		17
18	Deferred Charges	140,000		18
19	Organization & Pre-Operating Costs	268,681		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(215,363)		20
21	Restricted Funds	1,197,575		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 9,899,048	\$	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 11,436,328	\$	25

\*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 613,431	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	27,532		30
31	Accrued Taxes Payable	97,896		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	<u>Accrued Liabilities &amp; Unearned Rev</u>	18,669		35
36	<u>Accrued Prtnrshp Mgmt Fee</u>	25,000		36
37	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 36)	\$ 782,528	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,352,646		39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities</b> (sum of lines 38 thru 43)	\$ 7,352,646	\$	44
45	<b>TOTAL LIABILITIES</b> (sum of lines 37 and 44)	\$ 8,135,174	\$	45
46	<b>TOTAL EQUITY</b>	\$ 3,301,154	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 45 and 46)	\$ 11,436,328	\$	47

Facility Name: Cambridge House

Report Period Beginning: 01/01/2006

Ending:

12/31/2006

**XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)**

		<b>1</b>	
	<b>Revenue</b>	<b>Amount</b>	
	<b>A. SLF Resident Care</b>		
<b>1</b>	Gross SLF Resident Revenue	\$ 2,756,883	<b>1</b>
<b>2</b>	Discounts and Allowances		<b>2</b>
<b>3</b>	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 2,756,883</b>	<b>3</b>
	<b>B. Other Operating Revenue</b>		
<b>4</b>	Special Services	67,962	<b>4</b>
<b>5</b>	Other Health Care Services		<b>5</b>
<b>6</b>	Special Grants		<b>6</b>
<b>7</b>	Gift and Coffee Shop		<b>7</b>
<b>8</b>	Barber and Beauty Care	1,230	<b>8</b>
<b>9</b>	Non-Resident Meals	5,982	<b>9</b>
<b>10</b>	Laundry		<b>10</b>
<b>11</b>	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 75,174</b>	<b>11</b>
	<b>C. Non-Operating Revenue</b>		
<b>12</b>	Contributions		<b>12</b>
<b>13</b>	Interest and Other Investment Income	89,628	<b>13</b>
<b>14</b>	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 89,628</b>	<b>14</b>
	<b>D. Other Revenue (specify):</b>		
<b>15</b>	See Page 8 Attachment	32,485	<b>15</b>
<b>16</b>			<b>16</b>
<b>17</b>	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 32,485</b>	<b>17</b>
<b>18</b>	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 2,954,170</b>	<b>18</b>

		<b>2</b>	
	<b>Expenses</b>	<b>Amount</b>	
	<b>A. Operating Expenses</b>		
<b>19</b>	General Services	653,020	<b>19</b>
<b>20</b>	Health Care/ Personal Care	418,641	<b>20</b>
<b>21</b>	General Administration	710,256	<b>21</b>
	<b>B. Capital Expense</b>		
<b>22</b>	Ownership	1,367,718	<b>22</b>
	<b>C. Other Expenses</b>		
<b>23</b>	Special Cost Centers		<b>23</b>
<b>24</b>	Non-Operating Expenses		<b>24</b>
<b>25</b>	Other (specify):		<b>25</b>
<b>26</b>			<b>26</b>
<b>27</b>			<b>27</b>
<b>28</b>	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 3,149,635</b>	<b>28</b>
<b>29</b>	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (195,465)</b>	<b>29</b>
<b>30</b>	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
<b>31</b>	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ (195,465)</b>	<b>31</b>

Cost Center Expenses

A. General Services - Other

Exterminating	\$	1,206
Rubbish Removal	\$	4,151
Vehicle Expense	\$	2,336
Misc Operating Expenses		
Window Washing		
Transportation Expense		
Total	\$	<b>7,693</b>

C. General Administration - Other

Legal		
Accounting		
Audit	\$	16,600
Contract Labor		
Bad Debt	\$	10,668
Total	\$	<b>27,268</b>

D. Ownership

Financing Fees		
Letter of Credit Fee		
Bond & Draw Fee		
Remarketing & Trustee Fee		
Mortgage Service Fee	\$	18,451
Mortgage Insurance Premium	\$	36,730
Partnership Management Fee	\$	25,000
Asset Management Fee	\$	5,000
Incentive Manangement Fee	\$	336,113
Tax Credit Fee & Incentive Fee	\$	2,150
Organizational Expense		
Amortization Expense	\$	8,226
Business Interruption	\$	2,500
Total	\$	<b>434,170</b>

Income Statement

D. Other Revenue

Cable	\$	9,036	Offset against expense
Convenience Store	\$	12	
Deposit Fee			
Telephone Connection	\$	18,367	Offset against expense
Telephone Usage	\$	1,940	Offset against expense
Miscellaneous	\$	3,130	
Property Tax Adjustments			
	\$	<b>32,485</b>	