

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2008  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2008)**

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 of Maryville

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

County: Madison

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

Federal Employer ID Number: 20-2536384

Date Current Owners were Certified: 11-29-06

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 01/01/2008 to 12/31/2008 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

Paid Preparer

(Signed) \_\_\_\_\_ (Date) \_\_\_\_\_

(Print Name and Title) \_\_\_\_\_

(Firm Name & Address) \_\_\_\_\_

(Telephone) ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

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

Name: Selena Edgington Telephone Number: 815-935-1992 EXT 232  
Email Address: selena.edgington@bma-mgmt.com

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: 01/01/2008 Ending: 12/31/2008

**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	36,600	1
2	3	Double Unit Apartment	3	1,098	2
3		Other		1,098	3
4	103	TOTALS	103	38,796	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	22,644	14,477		37,121	5
6	Double Unit					6
7	Other					7
8	TOTALS	22,644	14,477		37,121	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 95.68%

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

458 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 33 (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)

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H. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 2008 Fiscal Year: 2008

\* 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:

01/01/2008

Ending: 12/31/2008

## 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	197,385	165,162	1,573	364,120		364,120	1
2	Housekeeping, Laundry and Maintenance	76,075	19,578	36,209	131,862		131,862	2
3	Heat and Other Utilities			96,278	96,278	(9,859)	86,419	3
4	Other (specify):			6,821	6,821		6,821	4
5	<b>TOTAL General Services</b>	273,460	184,740	140,881	599,081	(9,859)	589,222	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	383,831	4,161		387,992		387,992	6
7	Activities and Social Services	21,662	5,502		27,164		27,164	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	405,493	9,663		415,156		415,156	9
<b>C. General Administration</b>								
10	Administrative and Clerical	124,676	11,684	292,754	429,114	(17,607)	411,507	10
11	Marketing Materials, Promotions and Advertising	44,461	9,075	23,110	76,646		76,646	11
12	Employee Benefits and Payroll Taxes			232,913	232,913		232,913	12
13	Insurance-Property, Liability and Malpractice			52,672	52,672		52,672	13
14	Other (specify):			28,769	28,769		28,769	14
15	<b>TOTAL General Administration</b>	169,137	20,759	630,218	820,114	(17,607)	802,507	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	848,090	215,162	771,099	1,834,351	(27,466)	1,806,885	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			532,642	532,642		532,642	17
18	Interest			444,552	444,552		444,552	18
19	Real Estate Taxes			36,793	36,793		36,793	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			701,710	701,710		701,710	22
23	<b>TOTAL Ownership</b>			1,715,697	1,715,697		1,715,697	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	848,090	215,162	2,486,796	3,550,048	(27,466)	3,522,582	24

Facility Name: Cambridge House of Maryville

Report Period Beginning 01/01/2008

Ending:

12/31/2008

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0	\$ 26.38	1
2	Licensed Practical Nurses	1	16.65	2
3	Certified Nurse Assistants	15	10.50	3
4	Activity Director & Assistants			4
5	Social Service Workers	1	10.23	5
6	Head Cook	1	13.24	6
7	Cook Helpers/Assistants	9	8.59	7
8	Dishwashers			8
9	Maintenance Workers	1	16.89	9
10	Housekeepers	3	7.83	10
11	Laundry			11
12	Managers	1	31.55	12
13	Other Administrative	2	14.13	13
14	Clerical			14
15	Marketing	1	33.70	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>35</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>\$</b>	<b>6</b>

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	BMA Management, LTD.	\$ 190,311	1
2			2
<b>Total</b>		<b>\$ 190,311</b>	<b>3</b>

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 O'Fallon		O'Fallon	

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 of Maryville

Report Period Beginning:

01/01/2008

Ending:

12/31/2008

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	\$ 350,127	28	\$ 343,909	\$ (6,218)	\$ 918,900	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Land Improvements				334,649	28,612	15	22,310	(6,302)	77,136	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	\$ 378,739		\$ 366,219	\$ (12,520)	\$ 996,036	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	\$ 801,576	\$ 153,903	\$ 160,315	6,412	5	\$ 570,722	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 801,576	\$ 153,903	\$ 160,315	6,412		\$ 570,722	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: 01/01/2008

Ending: 2/31/2008

**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	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	Name of Lender	2		3	4	6		7	8	9	
			Related**				Purpose of Loan	Date of Note				
			YES	NO			Original	Balance				
		<b>A. Directly Facility Related</b>										
		<b>Long-Term</b>										
1		IHDA		X	First Mortgage	10/1/06	\$ 6,950,000	\$ 6,828,556	11/1/41	0.0648	\$ 444,552	1
2						/ /			/ /			2
3						/ /			/ /			3
		<b>Working Capital</b>										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		<b>TOTAL Facility Related</b>					\$ 6,950,000	\$ 6,828,556			\$ 444,552	7
		<b>B. Non-Facility Related</b>										
8						/ /			/ /			8
9						/ /			/ /			9
10		<b>TOTALS (lines 7, 8 and 9)</b>					\$ 6,950,000	\$ 6,828,556			\$ 444,552	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: 01/01/2008

Ending:

12/31/2008

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2008

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 1,112,213	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	476,486		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	31,337		6
7	Other Prepaid Expenses	31,042		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 1,651,078	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	984,777		13
14	Buildings, at Historical Cost	9,629,447		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	801,576		16
17	Accumulated Depreciation (book methods)	(1,566,758)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	116,895		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(16,971)		20
21	Restricted Funds	1,514,918		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>CIP</u>			23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 11,463,884	\$	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 13,114,962	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 51,797	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	37,314		30
31	Accrued Taxes Payable	68,976		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>See Page 7 Attachment</u>	658,646		35
36				36
37	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 36)	\$ 816,733	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,828,556		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)	\$ 6,828,556	\$	44
45	<b>TOTAL LIABILITIES</b> (sum of lines 37 and 44)	\$ 7,645,289	\$	45
46	<b>TOTAL EQUITY</b>	\$ 5,469,673	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 45 and 46)	\$ 13,114,962	\$	47

\*(See instructions.)

Facility Name: Cambridge House of Maryville

Report Period Beginning: 01/01/2008

Ending:

12/31/2008

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

	1	Amount	
	<b>Revenue</b>		
	<b>A. SLF Resident Care</b>		
1	Gross SLF Resident Revenue	\$ 3,053,113	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 3,053,113</b>	<b>3</b>
	<b>B. Other Operating Revenue</b>		
4	Special Services	92,584	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	25,484	8
9	Non-Resident Meals	3,371	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 121,439</b>	<b>11</b>
	<b>C. Non-Operating Revenue</b>		
12	Contributions		12
13	Interest and Other Investment Income	65,672	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 65,672</b>	<b>14</b>
	<b>D. Other Revenue (specify):</b>		
15	See Page 8 Attachment	5,712	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 5,712</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 3,245,936</b>	<b>18</b>

	2	Amount	
	<b>Expenses</b>		
	<b>A. Operating Expenses</b>		
19	General Services	599,081	19
20	Health Care/ Personal Care	415,156	20
21	General Administration	820,114	21
	<b>B. Capital Expense</b>		
22	Ownership	1,715,697	22
	<b>C. Other Expenses</b>		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 3,550,048</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (304,112)</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ (304,112)</b>	<b>31</b>