

		FOR BHF USE			

LL2

Supportive Living Facility

**2009
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2009)**

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 01/01/2009 to 12/31/2009 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: grenshinka.osborne@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: 01/01/2009 Ending: 12/31/2009

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	25,164	11,305		36,469	5
6	Double Unit					6
7	Other					7
8	TOTALS	25,164	11,305		36,469	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 97.00%

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. 49 (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: 12/31/2009 Fiscal Year: 12/31/2009

* 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:

01/01/2009

Ending: 12/31/2009

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			
A. General Services								
1	Dietary and Food Purchase	204,148	178,542	1,645	384,335		384,335	1
2	Housekeeping, Laundry and Maintenance	79,824	24,169	59,179	163,172		163,172	2
3	Heat and Other Utilities			110,937	110,937	(9,927)	101,010	3
4	Other (specify):			8,173	8,173		8,173	4
5	TOTAL General Services	283,972	202,711	179,934	666,617	(9,927)	656,690	5
B. Health Care and Programs								
6	Health Care/ Personal Care	396,593	2,657		399,250		399,250	6
7	Activities and Social Services	23,625	5,831		29,456		29,456	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	420,218	8,488		428,706		428,706	9
C. General Administration								
10	Administrative and Clerical	133,306	10,824	299,791	443,921	(18,944)	424,977	10
11	Marketing Materials, Promotions and Advertising	36,905	5,277	26,301	68,483		68,483	11
12	Employee Benefits and Payroll Taxes			213,319	213,319		213,319	12
13	Insurance-Property, Liability and Malpractice			44,360	44,360		44,360	13
14	Other (specify):			32,752	32,752		32,752	14
15	TOTAL General Administration	170,211	16,101	616,523	802,835	(18,944)	783,891	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	874,401	227,300	796,457	1,898,158	(28,871)	1,869,287	16
Capital Expenses								
D. Ownership								
17	Depreciation			468,237	468,237		468,237	17
18	Interest			440,669	440,669		440,669	18
19	Real Estate Taxes			71,449	71,449		71,449	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			722,503	722,503		722,503	22
23	TOTAL Ownership			1,702,858	1,702,858		1,702,858	23
24	GRAND TOTAL (Sum of lines 16 and 23)	874,401	227,300	2,499,315	3,601,016	(28,871)	3,572,145	24

Facility Name: Cambridge House of Maryville

Report Period Beginning: 01/01/2009

Ending:

12/31/2009

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 26.39	1
2	Licensed Practical Nurses	1	16.33	2
3	Certified Nurse Assistants	15	10.10	3
4	Activity Director & Assistants	1	11.47	4
5	Social Service Workers			5
6	Head Cook	1	13.87	6
7	Cook Helpers/Assistants	9	8.87	7
8	Dishwashers			8
9	Maintenance Workers	1	16.30	9
10	Housekeepers	3	8.12	10
11	Laundry			11
12	Managers	1	32.80	12
13	Other Administrative			13
14	Clerical	2	14.60	14
15	Marketing	1	36.51	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	\$ 192,804	1	
2			2	
		Total	\$ 192,804	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	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:

01/01/2009

Ending:

12/31/2009

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	\$ 35,127	28	\$ 343,909	\$ 308,782	\$ 1,269,027	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Land Improvement			334,649	25,768	15	22,310	(3,458)	102,904	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	\$ 60,895		\$ 366,219	\$ 305,324	\$ 1,371,931	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	\$ 92,342	\$ 160,315	67,973	5	\$ 663,064	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 801,576	\$ 92,342	\$ 160,315	67,973		\$ 663,064	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: 01/01/2009

Ending: 2/31/2009

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				
			YES	NO			Original	Balance				
		A. Directly Facility Related										
		Long-Term										
1		IHDA		X	First Mortgage	10/1/06	\$ 6,950,000	\$ 6,766,505	11/1/41	0.0648	\$ 440,669	1
2						/ /			/ /			2
3						/ /			/ /			3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 6,950,000	\$ 6,766,505			\$ 440,669	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 6,950,000	\$ 6,766,505			\$ 440,669	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: 01/01/2009

Ending:

12/31/2009

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2009

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 977,503	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	558,027		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	25,288		6
7	Other Prepaid Expenses	5,407		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Prepaid MIP	33,657		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,599,882	\$	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	801,576		16
17	Accumulated Depreciation (book methods)	(2,034,995)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	116,895		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(23,333)		20
21	Restricted Funds	1,601,839		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 11,076,205	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 12,676,087	\$	25

*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 41,675	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	39,300		30
31	Accrued Taxes Payable	71,925		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	655,381		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 808,281	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,766,505		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)	\$ 6,766,505	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,574,786	\$	45
46	TOTAL EQUITY	\$ 5,101,303	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 12,676,089	\$	47

Facility Name: Cambridge House of Maryville

Report Period Beginning: 01/01/2009

Ending:

12/31/2009

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

	1	Amount	
	Revenue		
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 3,108,750	1
2	Discounts and Allowances	(2,271)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,106,479	3
	B. Other Operating Revenue		
4	Special Services	98,800	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	22,428	8
9	Non-Resident Meals	4,855	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 126,083	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	26,080	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 26,080	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	4,788	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 4,788	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,263,430	18

	2	Amount	
	Expenses		
	A. Operating Expenses		
19	General Services	666,617	19
20	Health Care/ Personal Care	428,706	20
21	General Administration	802,835	21
	B. Capital Expense		
22	Ownership	1,702,858	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)	\$ 3,601,016	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (337,586)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (337,586)	31

Cost Center Expenses

A. General Services - Other

Exterminating	1,441
Rubbish Removal	2,716
Vehicle Expense	1,940
Misc Operating Expenses	
Water Softener	2,076
Total	8,173

C. General Administration - Other

Consulting	
Legal	3,460
Accounting	60
Audit	11,800
Bad Debt	17,432
Contract Labor	
Total	32,752

D. Ownership

Mortgage Service Fee	17,001
Mortgage Insurance Premium	34,320
Partnership Management Fee	25,000
Asset Management Fee	5,004
Incentive Manangement Fee	631,713
Tax Credit Fee & Incentive Fee	2,100
Amortization Expense	6,365
Business Interruption	
Property Damage Loss	1,000
Total	722,503

Reclassifications and Adjustments

Heat & Other Utilities (9,927) Cable

Administrative and Clerical (18,944) Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	16,377
Accrued Partnership Mgmt Fees	25,000
Accrued Incentive Mgmt Fees	594,038
Accrued Asset Management Fee	5,004
Accrued MIP	4,363
Unearned Revenue	10,599

Total Other Current Liabilities **655,381**

INCOME STATEMENT

D. Other Revenue

Insurance adjustments

Vending

Medicaid interest

Donations

Contract Services 4,788

Total Other Revenue 4,788