

Facility Name Cambridge House of O'Fallon

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	368	2
3		Other		448	3
4	103	TOTALS	103	37,316	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	27,541	8,697		36,238	5
6	Double Unit					6
7	Other					7
8	TOTALS	27,541	8,697		36,238	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 97.11%

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

443 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 36 (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. _____

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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	226,171	167,415	1,733	395,319		395,319	1
2	Housekeeping, Laundry and Maintenance	80,719	18,975	48,818	148,512		148,512	2
3	Heat and Other Utilities			182,542	182,542	(16,232)	166,310	3
4	Other (specify):			9,737	9,737		9,737	4
5	TOTAL General Services	306,890	186,390	242,830	736,110	(16,232)	719,878	5
B. Health Care and Programs								
6	Health Care/ Personal Care	388,421	2,146		390,567		390,567	6
7	Activities and Social Services	26,221	7,630		33,851		33,851	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	414,642	9,776		424,418		424,418	9
C. General Administration								
10	Administrative and Clerical	140,754	13,378	303,249	457,381	(18,866)	438,515	10
11	Marketing Materials, Promotions and Advertising	30,851	4,367	22,585	57,803		57,803	11
12	Employee Benefits and Payroll Taxes			211,260	211,260		211,260	12
13	Insurance-Property, Liability and Malpractice			50,773	50,773		50,773	13
14	Other (specify):			20,292	20,292		20,292	14
15	TOTAL General Administration	171,605	17,745	608,159	797,509	(18,866)	778,643	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	893,137	213,911	850,989	1,958,037	(35,098)	1,922,939	16
Capital Expenses								
D. Ownership								
17	Depreciation			321,004	321,004		321,004	17
18	Interest			431,423	431,423		431,423	18
19	Real Estate Taxes			66,072	66,072		66,072	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			526,850	526,850		526,850	22
23	TOTAL Ownership			1,345,349	1,345,349		1,345,349	23
24	GRAND TOTAL (Sum of lines 16 and 23)	893,137	213,911	2,196,338	3,303,386	(35,098)	3,268,288	24

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 32.86	1
2	Licensed Practical Nurses	1	16.12	2
3	Certified Nurse Assistants	14	10.29	3
4	Activity Director & Assistants	1	12.50	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	11	9.80	7
8	Dishwashers			8
9	Maintenance Workers	1	17.15	9
10	Housekeepers	3	8.09	10
11	Laundry			11
12	Managers	1	38.47	12
13	Other Administrative			13
14	Clerical	3	12.53	14
15	Marketing	1	31.67	15
16	Other			16
17	Total (lines 1 thru 16)	37	\$	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	\$ 195,225	1
2			2
		Total	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	City
Cambridge House of Maryville	Maryville

OTHER RELATED BUSINESS ENTITIES

Name	City	Type of Business

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).

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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	\$ 294,148	28	\$ 288,818	\$ (5,330)	\$ 1,801,143	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Land Improvements				229,973	15,339	15	15,332	(7)	93,943	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	\$ 309,487		\$ 304,150	\$ (5,337)	\$ 1,895,086	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	\$ 622,782	\$ 11,517	\$ 124,556	113,039	5	\$ 580,714	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 622,782	\$ 11,517	\$ 124,556	113,039		\$ 580,714	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

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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**	YES			NO	Purpose of Loan				
			YES	NO			Original	Balance				
		A. Directly Facility Related										
		Long-Term										
1		IHDA		X	First Mortgage	12/1/03	\$ 7,470,000	\$ 7,181,343	3/1/44	0.0598	\$ 431,423	1
2						/ /			/ /			2
3						/ /			/ /			3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 7,470,000	\$ 7,181,343			\$ 431,423	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 7,470,000	\$ 7,181,343			\$ 431,423	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.

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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	\$ 1,257,540	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	609,943		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	37,793		6
7	Other Prepaid Expenses	8,568		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Utility Security Dep</u>	5,973		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,919,817	\$	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	622,782		16
17	Accumulated Depreciation (book methods)	(2,475,800)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	408,681		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(240,041)		20
21	Restricted Funds	1,271,652		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,932,142	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 10,851,959	\$	25

*(See instructions.)

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 306,445	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	40,645		30
31	Accrued Taxes Payable	67,078		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	<u>See page 7 Attachement</u>	390,901		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 805,069	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,181,343		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)	\$ 7,181,343	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,986,412	\$	45
46	TOTAL EQUITY	\$ 2,865,546	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 10,851,958	\$	47

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

	Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 3,085,212	1
2	Discounts and Allowances	(711)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,084,501	3
	B. Other Operating Revenue		
4	Special Services	146,231	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	16,699	8
9	Non-Resident Meals	3,699	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 166,629	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	18,866	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 18,866	14
	D. Other Revenue (specify):		
15	See page 8 Attachment	7,065	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 7,065	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,277,061	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	736,110	19
20	Health Care/ Personal Care	424,418	20
21	General Administration	797,509	21
	B. Capital Expense		
22	Ownership	1,345,349	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)	\$ 3,303,386	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (26,325)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (26,325)	31

Cost Center Expenses

A. General Services - Other

Exterminating	1,340
Rubbish Removal	4,777
Vehicle Expense	3,535
Water Softener	85
Total	9,737

C. General Administration - Other

Consulting	1,516
Legal	1,333
Accounting	
Audit	11,800
Bad Debt	5,646
Total	20,295

D. Ownership

Mortgage Service Fee	18,036
Mortgage Insurance Premium	36,372
Partnership Management Fee	25,000
Asset Management Fee	5,004
Incentive Manangement Fee	432,062
Tax Credit Fee & Incentive Fee	2,150
Amortization Expense	8,226
Business Interruption	
Property Damage Loss	
Total	526,850

Reclassifications and Adjustments

Heat & Other Utilities (16,232) Cable

Administrative and Clerical (18,866) Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	21,490
Accrued Asset Management Fee	5,004
Accrued Parntership Mgmt Fees	25,000
Accrued Incentive Mgmt Fees	336,065
Unearned Revenue	3,342

Total Other Current Liabilities **390,901**

INCOME STATEMENT

D. Other Revenue

Insurance adjustments	4,738
Vending	
Medicaid interest	
Donations	
Contract Services	2327
Refund	
Total Other Revenue	7,065