

		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 Swansea

Address: 3900 Sullivan Drive Swansea 62226
Number City Zip Code

County: St. Clair

Telephone Number: (618) 234-8910 Fax # (618) 234-8920

Federal Employer ID Number: 20-5840952

Date Current Owners were Certified: 03-11-2009

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) David J. Mitchell

(Title) CFO, BMA Management, LTD

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: 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 Swansea

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	190,662	141,279	1,108	333,049		333,049	1
2	Housekeeping, Laundry and Maintenance	69,020	23,722	26,979	119,721		119,721	2
3	Heat and Other Utilities			123,515	123,515	(17,622)	105,893	3
4	Other (specify):			7,691	7,691		7,691	4
5	TOTAL General Services	259,682	165,001	159,293	583,976	(17,622)	566,354	5
B. Health Care and Programs								
6	Health Care/ Personal Care	305,659	1,759		307,418		307,418	6
7	Activities and Social Services	18,747	4,885		23,632		23,632	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	324,406	6,644		331,050		331,050	9
C. General Administration								
10	Administrative and Clerical	78,323	9,179	182,081	269,583	(18,547)	251,036	10
11	Marketing Materials, Promotions and Advertising	77,507	3,793	227,440	308,740		308,740	11
12	Employee Benefits and Payroll Taxes			154,775	154,775		154,775	12
13	Insurance-Property, Liability and Malpractice			34,363	34,363		34,363	13
14	Other (specify):			13,007	13,007		13,007	14
15	TOTAL General Administration	155,830	12,972	611,666	780,468	(18,547)	761,921	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	739,918	184,617	770,959	1,695,494	(36,169)	1,659,325	16
Capital Expenses								
D. Ownership								
17	Depreciation			408,262	408,262		408,262	17
18	Interest			342,225	342,225		342,225	18
19	Real Estate Taxes			5,000	5,000		5,000	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			755,487	755,487		755,487	23
24	GRAND TOTAL (Sum of lines 16 and 23)	739,918	184,617	1,526,446	2,450,981	(36,169)	2,414,812	24

Facility Name: Cambridge House of Swansea

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	\$ 25.13	1
2	Licensed Practical Nurses	1	18.01	2
3	Certified Nurse Assistants	11	9.66	3
4	Activity Director & Assistants	1	11.64	4
5	Social Service Workers			5
6	Head Cook	1	16.64	6
7	Cook Helpers/Assistants	9	8.62	7
8	Dishwashers			8
9	Maintenance Workers	1	17.41	9
10	Housekeepers	2	8.00	10
11	Laundry			11
12	Managers	1	34.55	12
13	Other Administrative			13
14	Clerical	1	12.78	14
15	Marketing	1	27.50	15
16	Other			16
17	Total (lines 1 thru 16)	30	\$	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	\$ 92,483	1
2			2
		Total	3
		\$ 92,483	

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

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 Swansea

Report Period Beginning:

01/01/2009

Ending:

12/31/2009

VIII. OWNERSHIP COSTS

A. Purchase price of land 425,000 Year land was acquired 04/25/08

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		2009		\$ 7,843,645	\$ 225,819	28	\$ 280,130	\$ 54,311	\$ 225,819	1
2											2
3											3
4											4
5											5
Improvement Type											
6	land Improvements				236,759	11,838	15	15,784	3,946	11,838	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)				\$ 8,080,404	\$ 237,657		\$ 295,914	\$ 58,257	\$ 237,657	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	\$ 799,401	\$ 159,880	\$ 159,880	\$	5	\$ 159,880	18
19	Vehicles	53,624	10,725	10,725		5	10,725	19
20	TOTAL (lines 18 and 19)	\$ 853,025	\$ 170,605	\$ 170,605	\$		\$ 170,605	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 Swansea

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	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			
	A. Directly Facility Related									
	Long-Term									
1	First Bank		X	First Mortgage	4/24/08	\$ 10,483,071	\$ 9,615,145	4/23/10	0.0450	\$ 342,225
2					/ /			/ /		
3					/ /			/ /		
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 10,483,071	\$ 9,615,145			\$ 342,225
	B. Non-Facility Related									
8					/ /			/ /		
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$ 10,483,071	\$ 9,615,145			\$ 342,225

* 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 Swansea

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	\$ 340,696	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	563,177		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	9,036		6
7	Other Prepaid Expenses	633		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Utility Deposit</u>	2,000		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 915,542	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	661,759		13
14	Buildings, at Historical Cost	7,843,645		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	853,025		16
17	Accumulated Depreciation (book methods)	(408,262)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,950,167	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,865,709	\$	25

*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 45,577	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	38,762		30
31	Accrued Taxes Payable	5,000		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 Attachment</u>	27,884		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 117,223	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	9,615,145		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)	\$ 9,615,145	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 9,732,368	\$	45
46	TOTAL EQUITY	\$ 133,341	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 9,865,709	\$	47

Facility Name: Cambridge House of Swansea

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	\$ 2,469,175	1
2	Discounts and Allowances	(2,119)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,467,056	3
	B. Other Operating Revenue		
4	Special Services	93,817	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	15,949	8
9	Non-Resident Meals	7,501	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 117,267	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income		13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$	14
	D. Other Revenue (specify):		
15			15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,584,323	18

	2	Amount	
	Expenses		
	A. Operating Expenses		
19	General Services	583,976	19
20	Health Care/ Personal Care	331,050	20
21	General Administration	780,468	21
	B. Capital Expense		
22	Ownership	755,487	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)	\$ 2,450,981	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 133,342	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 133,342	31

Cost Center Expenses

A. General Services - Other

Exterminating	1,308
Rubbish Removal	4,607
Vehicle Expense	1,776
Water Softener	
Total	7,691

C. General Administration - Other

Consulting	
Legal	
Accounting	
Audit	8,600
Contract Labor	1,450
Bad Debt	2,957
Total	13,007

D. Ownership

Mortgage Service Fee	
Mortgage Insurance Premium	
Partnership Management Fee	
Asset Management Fee	
Incentive Manangement Fee	
Tax Credit Fee & Incentive Fee	
Amortization Expense	
Developer Fee Interest	
Property Damage Loss	
Total	-

Reclassifications and Adjustments

Heat & Other Utilities (17,622) Cable

Administrative and Clerical (18,547) Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	20,245
Accrued Incentive Mgmt Fee	
Accrued Asset Mgmt Fee	
Accrued Developer Fee	
Unearned Revenue	3,739
Reservation Deposit	3,900
Developer Fee Interest	

Total Other Current Liabilities **27,884**