

		FOR BHF USE			

LL2

Supportive Living Facility

**2010
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2010)**

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 ID Number: 1000116

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: _____

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 01/01/2010 to 12/31/2010 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: _____

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: 01/01/2010 Ending: 12/31/2010

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	103	Single Unit Apartment	103	37,595	1
2		Double Unit Apartment			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	19,863	16,920		36,783	5
6	Double Unit					6
7	Other					7
8	TOTALS	19,863	16,920		36,783	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 97.84%

D. Indicate the number of paid bed-hold days the SLF had during this year
 423 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 59 **(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: 12/31/2010 Fiscal Year: 12/31/2010

* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? No If yes, did the facility make all of the required payments of interest and principle? _____

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 Swansea

Report Period Beginning:

01/01/2010

Ending: 12/31/2010

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

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments 5	Adjusted Total 6	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
A. General Services								
1	Dietary and Food Purchase	248,870	166,691	1,595	417,156		417,156	1
2	Housekeeping, Laundry and Maintenance	78,528	19,856	42,854	141,238		141,238	2
3	Heat and Other Utilities			140,414	140,414	(23,693)	116,721	3
4	Other (specify): SEE ATTACHMENT PG 3	3,081		9,727	12,808		12,808	4
5	TOTAL General Services	330,479	186,547	194,590	711,616	(23,693)	687,923	5
B. Health Care and Programs								
6	Health Care/ Personal Care	416,171	2,024		418,195		418,195	6
7	Activities and Social Services	21,695	5,482		27,177		27,177	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	437,866	7,506		445,372		445,372	9
C. General Administration								
10	Administrative and Clerical	104,692	9,161	219,070	332,923	(23,376)	309,547	10
11	Marketing Materials, Promotions and Advertising	47,980	8,865	34,490	91,335		91,335	11
12	Employee Benefits and Payroll Taxes			215,389	215,389		215,389	12
13	Insurance-Property, Liability and Malpractice			40,506	40,506		40,506	13
14	Other (specify): SEE ATTACHMENT PG 3			25,709	25,709		25,709	14
15	TOTAL General Administration	152,672	18,026	535,164	705,862	(23,376)	682,486	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	921,017	212,079	729,754	1,862,850	(47,069)	1,815,781	16
Capital Expenses								
D. Ownership								
17	Depreciation			586,633	586,633		586,633	17
18	Interest			533,633	533,633		533,633	18
19	Real Estate Taxes			70,044	70,044		70,044	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): SEE ATTACHMENT PG 3			517,500	517,500		517,500	22
23	TOTAL Ownership			1,707,810	1,707,810		1,707,810	23
24	GRAND TOTAL (Sum of lines 16 and 23)	921,017	212,079	2,437,564	3,570,660	(47,069)	3,523,591	24

Facility Name: Cambridge House of Swansea

Report Period Beginning: 01/01/2010

Ending:

12/31/2010

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses		\$ 25.08	1
2	Licensed Practical Nurses	1	19.61	2
3	Certified Nurse Assistants	16	9.59	3
4	Activity Director & Assistants	1	11.16	4
5	Social Service Workers			5
6	Head Cook	1	17.47	6
7	Cook Helpers/Assistants	12	8.82	7
8	Dishwashers			8
9	Maintenance Workers	1	18.14	9
10	Housekeepers	3	8.25	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1	31.02	13
14	Clerical	2	12.25	14
15	Marketing	1	20.40	15
16	Other			16
17	Total (lines 1 thru 16)	39	\$	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	\$ 120,214	1
2			2
Total		\$ 120,214	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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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:

01/01/2010

Ending:

12/31/2010

VIII. OWNERSHIP COSTSA. Purchase price of land 425,000 Year land was acquired 04/25/2008

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	\$ 285,223	28	\$ 280,130	\$ (5,093)	\$ 511,042	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Land Improvements				236,759	22,492	15	15,784	(6,708)	34,330	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	\$ 307,715		\$ 295,914	\$ (11,801)	\$ 545,372	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	\$ 829,149	\$ 261,758	\$ 165,830	(95,928)	5	\$ 421,638	18
19	Vehicles	53,624	17,160	10,725	(6,435)	5	27,885	19
20	TOTAL (lines 18 and 19)		\$ 882,773	\$ 278,918	\$ 176,555	(102,363)	\$ 449,523	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: 01/01/2010

Ending: 2/31/2010

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		First Bank		X	First Mortgage	4/24/08	\$ 10,483,071	\$	4/23/10	0.0450	\$ 529,835	1
2		Commerce Bank		X	First Mortgage	12/27/10	9,600,000	9,600,000	12/27/12	0.0361	3,798	2
3						/ /			/ /			3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 20,083,071	\$ 9,600,000			\$ 533,633	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 20,083,071	\$ 9,600,000			\$ 533,633	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 Swansea

Report Period Beginning: 01/01/2010

Ending:

12/31/2010

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2010

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,011,729	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	177,796		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	8,794		6
7	Other Prepaid Expenses	1,166		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,199,485	\$	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	882,773		16
17	Accumulated Depreciation (book methods)	(994,895)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	21,407		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)	\$ 8,414,689	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,614,174	\$	25

*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 34,078	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	42,724		30
31	Accrued Taxes Payable	74,949		31
32	Accrued Interest Payable	3,798		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	SEE ATTACHMENT PG 7	52,273		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 207,822	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	9,600,000		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)	\$ 9,600,000	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 9,807,822	\$	45
46	TOTAL EQUITY	\$ (193,648)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 9,614,174	\$	47

Facility Name: Cambridge House of Swansea

Report Period Beginning: 01/01/2010

Ending:

12/31/2010

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

		1	
Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 3,288,571	1
2	Discounts and Allowances	(16,194)	2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 3,272,377	3
B. Other Operating Revenue			
4	Special Services	136,291	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	23,306	8
9	Non-Resident Meals	8,515	9
10	Laundry		10
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$ 168,112	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	1,558	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 1,558	14
D. Other Revenue (specify):			
15	ELECTRIC SECURITY DEPOSIT REFUND	4,054	15
16	CONTRACT SERVICE	1,570	16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$ 5,624	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 3,447,671	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	711,616	19
20	Health Care/ Personal Care	445,372	20
21	General Administration	705,862	21
B. Capital Expense			
22	Ownership	1,707,810	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
TOTAL EXPENSES			
28	(sum of lines 19 thru 27)	\$ 3,570,660	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ (122,989)	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ (122,989)	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	1,308
Rubbish Removal	4,889
Vehicle Expense	2,273
Water Softener	1,257
Wage Settlement	<u>3,081</u>
TOTAL	<u><u>12,808</u></u>

C. General Administrative - Other

Consulting	4,602
Accounting	325
Audit	9,890
Contract Labor	1,000
Bad Debt Expense	<u>9,892</u>
TOTAL	<u><u>25,709</u></u>

D. Ownership

Partnership Management Fee	517,000
Property Damage Loss	500
Amortization Expense	<u> </u>
TOTAL	<u><u>517,500</u></u>

Reclassifications and Adjustments

Heat & Other Utilities	(23,693) Cable
Administrative and Clerical	(23,376) Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	21,635
Reservation Deposit	1,900
Unearned Revenue	<u>28,738</u>
Total Other Current Liabilities	<u>52,273</u>