

		FOR BHF USE			

LL2

Supportive Living Facility

**2013
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2013)**

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.

<p>I. Facility ID Number: <u>1000063</u></p> <p>Facility Name: <u>Cambridge House of Maryville</u></p> <p>Address: <u>6960 State Route 162</u> <u>Maryville</u> <u>62062</u> <small>Number City Zip Code</small></p> <p>County: <u>Madison</u></p> <p>Telephone Number: <u>(618) 288-2211</u> Fax # <u>(618) 288-2299</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>11/29/2006</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input checked="" type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Selena Edgington</u> Telephone Number: <u>815-935-1992 EXT 232</u> Email Address: _____</p>	<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 _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/13</u> to <u>12/31/13</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1" style="width:100%"> <tr> <td rowspan="2" style="width:20%; vertical-align: top;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td>(Type or Print Name) <u>David J. Mitchell</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>CFO, BMA Management, LTD</u></td> <td></td> </tr> <tr> <td rowspan="4" style="vertical-align: top;">Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td>(Firm Name & Address) _____</td> <td></td> </tr> <tr> <td>(Telephone) <u>()</u> _____ Fax # <u>()</u> _____</td> <td></td> </tr> </table> <p align="right">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</p>	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> _____	
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Facility Name: Cambridge House of Maryville

Report Period Beginning:

01/01/13

Ending:

12/31/13

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	214,247	192,608	1,931	408,786		408,786	1
2	Housekeeping, Laundry and Maintenance	93,671	31,022	58,249	182,942		182,942	2
3	Heat and Other Utilities			130,960	130,960	(18,557)	112,403	3
4	Other (specify):			13,178	13,178		13,178	4
5	TOTAL General Services	307,918	223,630	204,318	735,866	(18,557)	717,309	5
B. Health Care and Programs								
6	Health Care/ Personal Care	432,587	2,880		435,467		435,467	6
7	Activities and Social Services	26,073	4,181		30,254		30,254	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	458,660	7,061		465,721		465,721	9
C. General Administration								
10	Administrative and Clerical	154,567	10,712	318,527	483,806	(18,475)	465,331	10
11	Marketing Materials, Promotions and Advertising	27,893	7,316	35,572	70,781		70,781	11
12	Employee Benefits and Payroll Taxes	267,795			267,795		267,795	12
13	Insurance-Property, Liability and Malpractice			55,708	55,708		55,708	13
14	Other (specify):			21,376	21,376		21,376	14
15	TOTAL General Administration	450,255	18,028	431,183	899,466	(18,475)	880,991	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,216,833	248,719	635,501	2,101,053	(37,032)	2,064,021	16
Capital Expenses								
D. Ownership								
17	Depreciation			383,814	383,814		383,814	17
18	Interest			422,365	422,365		422,365	18
19	Real Estate Taxes			73,217	73,217		73,217	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			725,419	725,419		725,419	22
23	TOTAL Ownership			1,604,815	1,604,815		1,604,815	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,216,833	248,719	2,240,316	3,705,868	(37,032)	3,668,836	24

Facility Name: Cambridge House of Maryville

Report Period Beginning: 01/01/13 Ending: 12/31/13

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 30.63	1
2	Licensed Practical Nurses	1	18.30	2
3	Certified Nurse Assistants	15	10.40	3
4	Activity Director & Assistants			4
5	Social Service Workers	1	12.85	5
6	Head Cook	1	13.88	6
7	Cook Helpers/Assistants	10	9.22	7
8	Dishwashers			8
9	Maintenance Workers	1	18.05	9
10	Housekeepers	3	8.69	10
11	Laundry			11
12	Managers	1	35.85	12
13	Other Administrative	3	15.14	13
14	Clerical			14
15	Marketing			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	\$ 206,719	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	1	City	2
Cambridge House of O'Fallon		O'Fallon	
Cambridge House of Swansea		Swansea	

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:

01/01/13

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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	\$ 9,269,477	\$ 350,162	28	\$ 337,072	\$ (13,090)	\$ 2,669,639	1
2											2
3											3
4											4
5											5
Improvement Type											
6	LAND IMPROVEMENTS				334,649	19,744	15	22,310	2,566	186,433	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)				\$ 9,604,126	\$ 369,906		\$ 359,382	\$ (10,524)	\$ 2,856,072	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	\$ 861,865	\$ 13,908	\$ 172,373	158,465	5	\$ 835,650	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 861,865	\$ 13,908	\$ 172,373	158,465		\$ 835,650	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: 01/01/13

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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	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	\$ 6,474,020	11/1/41	0.0648	\$ 422,365	1
2						/ /			/ /			2
3						/ /			/ /			3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 6,950,000	\$ 6,474,020			\$ 422,365	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 6,950,000	\$ 6,474,020			\$ 422,365	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: 01/01/13

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12/31/13

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/13

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 945,437	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	658,464 (11,961)		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	35,087		6
7	Other Prepaid Expenses	43,125		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,670,152	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	650,127		13
14	Buildings, at Historical Cost	9,629,447		14
15	Leasehold Improvements, at Historical Cost	334,649		15
16	Equipment, at Historical Cost	861,865		16
17	Accumulated Depreciation (book methods)	(3,691,722)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	116,895		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(48,778)		20
21	Restricted Funds	1,857,593		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 9,710,076	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 11,380,228	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 36,890	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	55,913		30
31	Accrued Taxes Payable	77,244		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	795,963		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 966,010	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,474,020		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)	\$ 6,474,020	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,440,030	\$	45
46	TOTAL EQUITY	\$ 3,940,198	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 11,380,228	\$	47

*(See instructions.)

Facility Name: Cambridge House of Maryville

Report Period Beginning: 01/01/13

Ending:

12/31/13

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	\$ 3,346,207	1
2	Discounts and Allowances	(20,910)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,325,297	3
B. Other Operating Revenue			
4	Special Services	150,097	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	24,304	8
9	Non-Resident Meals	9,350	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 183,751	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	30,296	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 30,296	14
D. Other Revenue (specify):			
15	Insurance Adjustments	6,901	15
16	Postage, reimbursed employee expenses	2,512	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 9,413	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,548,757	18

	2	Amount	
Expenses			
A. Operating Expenses			
19	General Services	735,866	19
20	Health Care/ Personal Care	465,721	20
21	General Administration	899,466	21
B. Capital Expense			
22	Ownership	1,604,815	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)	\$ 3,705,868	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (157,111)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (157,111)	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	1,919
Rubbish Removal	3,914
Vehicle Expense	5,858
Transportation Service	
Water Softener	1,487
Misc Operating	
Total	13,178

C. General Administration - Other

Consulting	85
Legal	85
Accounting	65
Audit	12,940
Contract labor-Serv Prov	
Bad Debt	7,001
Contract labor	1,200
Total	21,376

D. Ownership

Financing Fees	2,100
Mortgage Insurance Premium	32,928
Mortgage Service Fee	16,295
Partnership Management Fee	25,000
Asset Management Fee	5,004
Incentive Manangement Fee	635,632

Tax Credit Fee & Incentive Fee	2,100
Amortization Expense	6,360
Remarketing and Trustee Fee	
Property Damage Loss	
Gain on Sale	
Total	725,419

Reclassifications and Adjustments

Heat & Other Utilities (18,557) Cable

Administrative and Clerical (18,475) Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	106,238
Accrued Asset Mgmt Fee	5,004
Accrued Partnership Fee	25,000
Accrued Incentive Mgmt Fee	635,631
Unclaimed Property	4,675
Unearned Revenue	19,415
Accrued MIP	
Reservation Deposit	

Total Other Current Liabilities 795,963