

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2011  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2011)**

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><b>I. Facility ID Number:</b> <u>1000063</u></p> <p><b>Facility Name:</b> <u>Cambridge House of Maryville I LP</u></p> <p><b>Address:</b> <u>6960 State Road 162</u> <u>Maryville</u> <u>62062</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>Madison</u></p> <p><b>Telephone Number:</b> ( <u>618</u> ) <u>288-2211</u> <b>Fax #</b> ( <u>618</u> ) <u>288-2299</u></p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>11/29/2006</u></p> <p><b>Type of Ownership:</b></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><b>IRS Exemption Code</b> _____</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><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Grenshinka Osborne</u> <b>Telephone Number:</b> <u>(815) 935-1992 EXT 257</u>  <b>Email Address:</b> _____</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	<b>IRS Exemption Code</b> _____	<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><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2011</u> to <u>12/31/2011</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 style="width:100%"> <tr> <td style="width:20%; vertical-align: top;"> <b>Officer or Administrator of Provider</b> </td> <td>                 (Signed) _____                  (Type or Print Name) <u>David J. Mitchell</u>                  (Title) <u>CFO, BMA Management, LTD.</u> </td> </tr> <tr> <td style="vertical-align: top;"> <b>Paid Preparer</b> </td> <td>                 (Signed) _____                  (Date) _____                  (Print Name and Title) _____                  (Firm Name &amp; Address) _____                  (Telephone) ( ) _____ Fax # ( ) _____             </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>	<b>Officer or Administrator of Provider</b>	(Signed) _____ (Type or Print Name) <u>David J. Mitchell</u> (Title) <u>CFO, BMA Management, LTD.</u>	<b>Paid Preparer</b>	(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) ( ) _____ Fax # ( ) _____
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																											
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Facility Name Cambridge House of Maryville I LP

Report Period Beginning: 01/01/2011 Ending: 12/31/2011

**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	25,578	10,448		36,026	5
6	Double Unit					6
7	Other					7
8	TOTALS	25,578	10,448		36,026	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.)       95.83%      

**D. Indicate the number of paid bed-hold days the SLF had during this year**       334       Also, indicate the number of unpaid bed-hold days the SLF had during this year.       100       (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:       12/31/2011       Fiscal Year:       12/31/2011      

\* 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 I LP

Report Period Beginning:

01/01/2011

Ending: 12/31/2011

## 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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	202,618	184,622	2,120	389,360		389,360	1
2	Housekeeping, Laundry and Maintenance	86,988	17,570	68,173	172,731		172,731	2
3	Heat and Other Utilities			126,418	126,418	(11,739)	114,679	3
4	Other (specify):			9,799	9,799		9,799	4
5	<b>TOTAL General Services</b>	289,606	202,192	206,510	698,308	(11,739)	686,569	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	407,590	1,379		408,969		408,969	6
7	Activities and Social Services	25,270	3,446		28,716		28,716	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	432,860	4,825		437,685		437,685	9
<b>C. General Administration</b>								
10	Administrative and Clerical	145,704	12,520	306,156	464,380	(17,454)	446,926	10
11	Marketing Materials, Promotions and Advertising	22,229	6,660	26,797	55,686		55,686	11
12	Employee Benefits and Payroll Taxes			214,892	214,892		214,892	12
13	Insurance-Property, Liability and Malpractice			42,081	42,081		42,081	13
14	Other (specify):			36,791	36,791		36,791	14
15	<b>TOTAL General Administration</b>	167,933	19,180	626,717	813,830	(17,454)	796,376	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	890,399	226,197	833,227	1,949,823	(29,193)	1,920,630	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			424,301	424,301		424,301	17
18	Interest			432,108	432,108		432,108	18
19	Real Estate Taxes			79,777	79,777		79,777	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			702,152	702,152		702,152	22
23	<b>TOTAL Ownership</b>			1,638,338	1,638,338		1,638,338	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	890,399	226,197	2,471,565	3,588,161	(29,193)	3,558,968	24

Facility Name: Cambridge House of Maryville I LP

Report Period Beginning 01/01/2011 Ending: 12/31/2011

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 28.49	1
2	Licensed Practical Nurses	1	17.51	2
3	Certified Nurse Assistants	14	10.46	3
4	Activity Director & Assistants	1	12.10	4
5	Social Service Workers			5
6	Head Cook	1	13.45	6
7	Cook Helpers/Assistants	9	9.17	7
8	Dishwashers			8
9	Maintenance Workers	1	17.04	9
10	Housekeepers	3	8.46	10
11	Laundry			11
12	Managers	1	33.30	12
13	Other Administrative			13
14	Clerical	3	14.38	14
15	Marketing	0	25.08	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>35</b>	<b>\$</b>	<b>17</b>

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
				<b>Total</b>	<b>6</b>

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	BMA Management, LTD	\$ 199,333	1
2			2
		<b>Total</b>	<b>3</b>

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 LP		O'Fallon	
Cambridge House of Swansea LP		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 I LP

Report Period Beginning:

01/01/2011

Ending:

12/31/2011

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	\$ 350,124	28	\$ 343,909	\$ (6,215)	\$ 1,969,275	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Land Improvements				334,649	25,764	15	22,310	(3,454)	151,859	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	\$ 375,888		\$ 366,219	\$ (9,669)	\$ 2,121,134	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	\$ 834,494	\$ 48,413	\$ 166,899	118,486	5	\$ 804,710	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 834,494	\$ 48,413	\$ 166,899	118,486		\$ 804,710	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 I LP

Report Period Beginning: 01/01/2011

Ending: 2/31/2011

**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	<b>TOTAL</b>				\$			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				
		<b>A. Directly Facility Related</b>										
		<b>Long-Term</b>										
1		IHDA		X	First Mortgage	10/1/06	\$ 6,950,000	\$ 6,629,700	11/1/41	0.0648	\$ 432,108	1
2						/ /			/ /			2
3						/ /			/ /			3
		<b>Working Capital</b>										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		<b>TOTAL Facility Related</b>					\$ 6,950,000	\$ 6,629,700			\$ 432,108	7
		<b>B. Non-Facility Related</b>										
8						/ /			/ /			8
9						/ /			/ /			9
10		<b>TOTALS (lines 7, 8 and 9)</b>					\$ 6,950,000	\$ 6,629,700			\$ 432,108	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 I LP

Report Period Beginning: 01/01/2011

Ending:

12/31/2011

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2011

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 912,754	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 14,643 )	530,704		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	30,515		6
7	Other Prepaid Expenses	3,099		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <b>PREPAID MIP</b>	26,882		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,503,955	\$	10
	<b>B. Long-Term Assets</b>			
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	834,494		16
17	Accumulated Depreciation (book methods)	(2,925,845)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	116,895		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(36,058)		20
21	Restricted Funds	1,811,220		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 10,414,929	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 11,918,884	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 56,239	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	46,966		30
31	Accrued Taxes Payable	76,464		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	<b>SEE ATTACHMENTS PG 7</b>	698,697		35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 878,366	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,629,700		39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 6,629,700	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 7,508,066	\$	45
46	<b>TOTAL EQUITY</b>	\$ 4,410,818	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 11,918,884	\$	47

\*(See instructions.)

Facility Name: Cambridge House of Maryville I LP

Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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

		1	
Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 3,234,074	1
2	Discounts and Allowances	(27,771)	2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 3,206,303</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
4	Special Services	114,594	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	21,726	8
9	Non-Resident Meals	7,014	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 143,334</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	2,065	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 2,065</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	Insurance Adjustments	5,380	15
16	Contract Services	1,885	16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 7,265</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 3,358,967</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	698,308	19
20	Health Care/ Personal Care	437,685	20
21	General Administration	813,830	21
<b>B. Capital Expense</b>			
22	Ownership	1,638,338	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 3,588,161</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (229,194)</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ (229,194)</b>	<b>31</b>

**COST CENTER EXPENSES**

A. General Services - Other

Exterminating	1,471
Rubbish Removal	3,648
Vehicle Expense	2,782
Transportation Service	-
Water Softener	1,898
Misc Operating	
<b>Total</b>	<b>9,799</b>

C. General Administration - Other

Consulting	-
Legal	90
Accounting	50
Audit	12,310
Contract labor	1,200
Bad Debt	23,141
<b>Total</b>	<b>36,791</b>

D. Ownership

Mortgage Insurance Premium	34,320
Mortgage Service Fee	16,671
Partnership Management Fee	25,000
Asset Management Fee	5,004
Incentive Manangement Fee	612,697
Tax Credit Fee & Incentive Fee	2,100
Amortization Expense	6,360
Remarketing and Trustee Fee	
Property Damage Loss	
Interest Income	
<b>Total</b>	<b>702,152</b>

Reclassifications and Adjustments

Heat & Other Utilities (11,739) Cable

Administrative and Clerical (17,454) Telephone Revenue

**BALANCE SHEET**

C. Current Liabilities

Accrued Asset Management Fee	5,004
Accrued Partnership Mgmt Fee	25,000
Accrued Incentive Mgmt Fee	549,768
Accrued Liabilities	105,068
Unclaimed Property	5,173
Unearned Revenue	<u>8,684</u>
<b>Total Other Current Liabilities</b>	<b><u><u>698,697</u></u></b>