

		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.

I. Facility ID Number: 1000063

Facility Name: Cambridge House of Maryville I LP

Address: 6960 State Road 162 Maryville 62062
Number City Zip Code

County: Madison

Telephone Number: (618) 288-2211 Fax # (618) 288-2299

Federal Employer ID Number:

Date Current Owners were Certified: 11/29/2006

Type of Ownership:

☐ VOLUNTARY, NON-PROFIT	☐ PROPRIETARY	☐ GOVERNMENTAL
☐ Charitable Corp.	☐ Individual	☐ State
☐ Trust	☒ Partnership	☐ County
IRS Exemption Code	☐ Corporation	☐ Other
	☐ "Sub-S" Corp.	
	☐ Limited Liability Co.	
	☐ Trust	
	☐ 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 01/01/2011 to 12/31/2011 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:

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 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	<u>100</u>	Single Unit Apartment	<u>100</u>	<u>36,500</u>	1
2	<u>3</u>	Double Unit Apartment	<u>3</u>	<u>1,095</u>	2
3		Other			3
4	<u>103</u>	TOTALS	<u>103</u>	<u>37,595</u>	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	<u>25,578</u>	<u>10,448</u>		<u>36,026</u>	5
6	Double Unit					6
7	Other					7
8	TOTALS	<u>25,578</u>	<u>10,448</u>		<u>36,026</u>	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			
	A. General Services							
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	TOTAL General Services	289,606	202,192	206,510	698,308	(11,739)	686,569	5
	B. Health Care and Programs							
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	TOTAL Health Care and Programs	432,860	4,825		437,685		437,685	9
	C. General Administration							
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	TOTAL General Administration	167,933	19,180	626,717	813,830	(17,454)	796,376	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	890,399	226,197	833,227	1,949,823	(29,193)	1,920,630	16
	Capital Expenses							
	D. Ownership							
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	TOTAL Ownership			1,638,338	1,638,338		1,638,338	23
24	GRAND TOTAL (Sum of lines 16 and 23)	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	Total (lines 1 thru 16)	35	\$	17

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).

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	\$ 199,333	1
2			2
Total		\$ 199,333	3

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
	Improvement Type										
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	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	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
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 6,950,000	\$ 6,629,700			\$ 432,108	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 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 Operating	2 After Consolidation*	
	A. Current Assets			
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): <u>PREPAID MIP</u>	26,882		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,503,955	\$	10
	B. Long-Term Assets			
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	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 10,414,929	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 11,918,884	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
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
	Other Current Liabilities(specify):			
35	<u>SEE ATTACHMENTS PG 7</u>	698,697		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 878,366	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,629,700		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)	\$ 6,629,700	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,508,066	\$	45
46	TOTAL EQUITY	\$ 4,410,818	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 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.)

	Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 3,234,074	1
2	Discounts and Allowances	(27,771)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,206,303	3
	B. Other Operating Revenue		
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	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 143,334	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	2,065	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 2,065	14
	D. Other Revenue (specify):		
15	Insurance Adjustments	5,380	15
16	Contract Services	1,885	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 7,265	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,358,967	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	698,308	19
20	Health Care/ Personal Care	437,685	20
21	General Administration	813,830	21
	B. Capital Expense		
22	Ownership	1,638,338	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)	\$ 3,588,161	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (229,194)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (229,194)	31

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	
Total	9,799

C. General Administration - Other

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

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	
Total	702,152

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>
Total Other Current Liabilities	<u><u>698,697</u></u>