

		FOR BHF USE			

LL2

Supportive Living Facility

**2008
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2008)**

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: Foxes Grove Supportive Living Community

Address: 395 Edwardsville Rd Wood River 62095
Number City Zip Code

County: Madison

Telephone Number: (618) 259-0851 Fax # (618) 259-0854

Federal Employer ID Number: 43-1375384

Date Current Owners were Certified: 07/01/07

Type of Ownership:

<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" 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 type="checkbox"/> Partnership	<input type="checkbox"/> County
IRS Exemption Code _____	<input checked="" 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 07/01/07 to 06/30/08 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) _____

(Title) _____

Paid Preparer

(Signed) See Accountant's Compilation Report (Date) _____

(Print Name and Title) Cindy A. Tefteller

(Firm Name & Address) C. J. Schlosser & Company, L.L.C.
233 East Center Drive, Alton, IL 62002

(Telephone) (618) 465-7717 Fax (618) 465-7710

In the event there are further questions about this report, please contact:
Name: Cindy A. Tefteller Telephone Number: (618) 465-7717
Email Address: ctefteller@cjsco.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 Foxes Grove Supportive Living Community

Report Period Beginning: 07/01/07 Ending: 06/30/08

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	83	Single Unit Apartment	83	30,378	1
2	11	Double Unit Apartment	11	4,026	2
3		Other		4,026	3
4	94	TOTALS	94	38,430	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	6,035	26,167		32,202	5
6	Double Unit					6
7	Other					7
8	TOTALS	6,035	26,167		32,202	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 83.79%

D. Indicate the number of paid bed-hold days the SLF had during this year

None Also, indicate the number of unpaid bed-hold days the SLF had during this year. None (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)

None

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

I. Is your fiscal year identical to your tax year? YES NO

Tax Year: 06/30 Fiscal Year: 06/30

* 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? N/A
If no, explain. N/A

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? N/A
If no, explain. N/A

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? N/A
If no, explain. N/A

Facility Name: Foxes Grove Supportive Living Community

Report Period Beginning:

07/01/07

Ending:

06/30/08

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	166,828	178,678	1,300	346,806	1,280	348,086	1
2	Housekeeping, Laundry and Maintenance	113,168	33,360	105,739	252,267	11,560	263,827	2
3	Heat and Other Utilities			115,988	115,988	100	116,088	3
4	Other (specify): Security \$11,183, waste removal \$4,608			15,791	15,791		15,791	4
5	TOTAL General Services	279,996	212,038	238,818	730,852	12,940	743,792	5
B. Health Care and Programs								
6	Health Care/ Personal Care	356,202	2,740	883	359,825		359,825	6
7	Activities and Social Services		11,167	412	11,579		11,579	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	356,202	13,907	1,295	371,404		371,404	9
C. General Administration								
10	Administrative and Clerical	151,828	10,034	193,807	355,669	(34,059)	321,610	10
11	Marketing Materials, Promotions and Advertising			7,373	7,373		7,373	11
12	Employee Benefits and Payroll Taxes			111,860	111,860	8,287	120,147	12
13	Insurance-Property, Liability and Malpractice			48,782	48,782	3,830	52,612	13
14	Other (specify):							14
15	TOTAL General Administration	151,828	10,034	361,822	523,684	(21,942)	501,742	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	788,026	235,979	601,935	1,625,940	(9,002)	1,616,938	16
Capital Expenses								
D. Ownership								
17	Depreciation			29,556	29,556	159,446	189,002	17
18	Interest			95,698	95,698	641,288	736,986	18
19	Real Estate Taxes			90,124	90,124		90,124	19
20	Rent -- Facility and Grounds			719,400	719,400	(712,300)	7,100	20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			934,778	934,778	88,434	1,023,212	23
24	GRAND TOTAL (Sum of lines 16 and 23)	788,026	235,979	1,536,713	2,560,718	79,432	2,640,150	24

Facility Name: Foxes Grove Supportive Living Community

Report Period Beginning 07/01/07

Ending: 06/30/08

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 27.14	1
2	Licensed Practical Nurses	3	18.41	2
3	Certified Nurse Assistants	9	9.56	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	1	14.21	6
7	Cook Helpers/Assistants	8	8.21	7
8	Dishwashers			8
9	Maintenance Workers	3	9.88	9
10	Housekeepers	3	8.95	10
11	Laundry			11
12	Managers	1	29.68	12
13	Other Administrative			13
14	Clerical	4	10.31	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	33	\$ 11.52	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	Larry Vander Maten Management	75%	1	\$ 2,311	1
2	Darrell Hoefling Management	25%	1	1,238	2
3					3
4					4
5					5
				Total	\$ 3549 6

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	Bravo Nursing Home Services	\$ 12,000	1
2			2
		Total	\$ 12,000 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
See Attached			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
HSM Management Services		St. Louis, MO		Management Co.	
Midwest Administrative Services		St. Louis, MO		Administrative Co.	
Senior Living Services		St. Louis, MO		Bldg Services Co.	
Rosewood Home Health		St. Louis, MO		Home Health Co.	

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: See Attached Schedules If yes, what is the value of those services? \$ See Attached Schedules
 (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: Foxes Grove Supportive Living Community

Report Period Beginning:

07/01/07

Ending:

06/30/08

VIII. OWNERSHIP COSTS

A. Purchase price of land 55,000 Year land was acquired 1987

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	46			1987	\$ 2,252,829	\$	40	\$ 56,321	\$ 56,321	\$ 1,182,736	1
2	48			1990	1,928,599		40	48,215	48,215	871,888	2
3											3
4											4
5											5
Improvement Type											
6	Conversion to supportive living facility			2007	1,699,624		40	42,490	42,490	42,490	6
7	Carpet and Vinyl work for supportive living conversion			2008	10,630		40	22	22	22	7
8	Land Improvements - Original Building			1987	60,383		25	2,415	2,415	50,722	8
9	Land Improvements - Addition			1990	44,755		25	1,790	1,790	32,373	9
10	Sprinkler System			1992	14,250		25	570	570	9,073	10
11	Painting			2003	12,465	1,781	7	1,781		8,310	11
12	Paint and Siding			2004	23,915	3,416	7	3,416		14,404	12
13	Office Renovation			2004	7,738	1,106	7	1,106		4,479	13
14	Carpet			2004	6,283	898	7	898		3,366	14
15	Carpet			2006	4,341	620	7	620		982	15
16	Smoke Detectors			2007	1,888	270	7	270		292	16
17	TOTAL (lines 1 thru 16)				\$ 6,067,700	\$ 8,091		\$ 159,914	\$ 151,823	\$ 2,221,137	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	\$ see next page	\$	\$	\$		\$	18
19	Vehicles					4		19
20	TOTAL (lines 18 and 19)	\$	\$	\$	\$		\$	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	Section Not Applicable	\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name: Foxes Grove Supportive Living Community

Report Period Beginning:

07/01/07

Ending:

06/30/08

VIII. OWNERSHIP COSTS

A. Purchase price of land \$

Year land was acquired

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					\$	\$		\$	\$	\$	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total from prior page				6,067,700	8,091		159,914	151,823	2,221,137	6
7	Carpet			2007	11,324	1,213	7	1,213		1,213	7
8	Carpet			2008	14,005	333	7	333		333	8
9	Seal and Stripe Parking Lot			2005	2,556	365	7	365		974	9
10	Rebuild Decks			1998	46,978	4,502	10	4,502		46,978	10
11	Office Space Conversion			1998	7,064		7			7,064	11
12	Paving			1998	12,652	1,265	10	1,265		12,441	12
13	Exterior Stain/Carpentry			1999	69,988	6,999	10	6,999		60,073	13
14	Painting			1999	11,015		7			11,015	14
15	Carpet			2000	24,403		7			24,403	15
16	Tech Electronics			2000	2,338	144	7	144		2,338	16
17	TOTAL (lines 1 thru 16)				\$ 6,270,023	\$ 22,912		\$ 174,735	\$ 151,823	\$ 2,387,969	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	\$ 438,093	\$	\$ 5,067	5,067	5 - 10 yrs	\$ 413,827	18
19	Vehicles	35,771	6,644	9,199	2,555	4	11,395	19
20	TOTAL (lines 18 and 19)	\$ 473,864	\$ 6,644	\$ 14,266	7,622		\$ 425,222	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	Section not applicable	\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name: Foxes Grove Supportive Living Community

Report Period Beginning: 07/01/07

Ending: 06/30/08

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: Section Not Applicable

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	Bank of America		X	Mortgage	12/21/98	\$ 9,000,000	\$	/ /	prime +1.5%	\$ 486,506	1	
2	Capmark		X	Mortgage	4/1/08	9,324,500	9,310,284	5/1/43	5.6500	118,083	2	
3					/ /			/ /	MIP	113,523	3	
	Working Capital											
4					/ /				interest income offset	-437	4	
5					/ /				amortization of loan costs	19,311	5	
6					/ /			/ /			6	
7	TOTAL Facility Related						\$ 18,324,500	\$ 9,310,284			\$ 736,986	7
	B. Non-Facility Related											
8					/ /			/ /			8	
9					/ /			/ /			9	
10	TOTALS (lines 7, 8 and 9)						\$ 18,324,500	\$ 9,310,284			\$ 736,986	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: **Foxes Grove Supportive Living Community**Report Period Beginning: **07/01/07**

Ending:

06/30/08**XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **06/30/08**

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 108,849	\$	1
2	Cash-Patient Deposits	1,350,234		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 737)	152,056		3
4	Supply Inventory (priced at)	5,449		4
5	Short-Term Investments			5
6	Prepaid Insurance	5,317		6
7	Other Prepaid Expenses	40,700		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,662,605	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	258,953		15
16	Equipment, at Historical Cost	26,317		16
17	Accumulated Depreciation (book methods)	(207,431)		17
18	Deferred Charges	234		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)	\$ 78,073	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,740,678	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 47,480	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	1,324,000		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	42,740		30
31	Accrued Taxes Payable	146,839		31
32	Accrued Interest Payable	65,131		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Expenses	6,583		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,632,773	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	1,839,900		38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Deferred Taxes	10,700		42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 1,850,600	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 3,483,373	\$	45
46	TOTAL EQUITY	\$ (1,742,695)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,740,678	\$	47

*(See instructions.)

Facility Name: Foxes Grove Supportive Living Community

Report Period Beginning: 07/01/07

Ending:

06/30/08

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	\$ 1,920,131	1
2	Discounts and Allowances	(10,000)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,910,131	3
	B. Other Operating Revenue		
4	Special Services	4,931	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop	1,730	7
8	Barber and Beauty Care	2,000	8
9	Non-Resident Meals	3,809	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 12,470	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	89,114	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 89,114	14
	D. Other Revenue (specify):		
15	Miscellaneous	1,145	15
16	Application Fee Income	6,150	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 7,295	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,019,010	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	730,852	19
20	Health Care/ Personal Care	371,404	20
21	General Administration	523,684	21
	B. Capital Expense		
22	Ownership	934,778	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify): Contributions	600	25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 2,561,318	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (542,308)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (542,308)	31

Foxes Grove Supportive Living Community
Attachment to Schedule VII
6/30/2008

Related Health Care Businesses:	City:
Rosewood Care Center of Alton	Alton, IL
Rosewood Care Center of East Peoria	East Peoria, IL
Rosewood Care Center of Edwardsville	Edwardsville, IL
Rosewood Care Center of Elgin	Elgin, IL
Rosewood Care Center of Galesburg	Galesburg, IL
Rosewood Care Center of Inverness	Inverness, IL
Rosewood Care Center of Joliet	Joliet, IL
Rosewood Care Center of Moline	Moline, IL
Rosewood Care Center of Northbrook	Northbrook, IL
Rosewood Care Center of Peoria	Peoria, IL
Rosewood Care Center of Rockford	Rockford, IL
Rosewood Care Center of St. Charles	St. Charles, IL
Rosewood Care Center of St. Louis	St. Louis, IL
Rosewood Care Center of Swansea	Swansea, IL

Other Related Businesses:	Type of Business:
Wood River Real Estate	Real Estate Lsg.
Rosewood Therapy	Therapy Co.

Senior Living Services
Construction and Building Services Allocation
06/30/08

	Per SLS T/B	520,738.16			110,850.46	56,698.41	22,910.52	24,178.96
	Base	Pooled	Direct	Total	Pooled	Pooled	Pooled	Pooled
	Fees	Line 2	Line 2	Line 2	Line 10	Line 12	Line 13	Line 17
Alton	53,260.53	31,440.86	4,888.26	36,329.12	6,692.87	3,423.31	1,383.28	1,459.86
East Peoria	78,241.84	46,187.88	1,581.24	47,769.12	9,832.10	5,028.98	2,032.09	2,144.60
Edwardsville	56,703.51	33,473.33	3,262.06	36,735.39	7,125.53	3,644.60	1,472.70	1,554.24
Elgin	124,178.71	73,305.43	8,308.03	81,613.46	15,604.66	7,981.56	3,225.16	3,403.72
Galesburg	1,492.66	881.15	1,568.09	2,449.24	187.57	95.94	38.77	40.91
Inverness	101,303.69	59,801.80	5,144.18	64,945.98	12,730.12	6,511.27	2,631.05	2,776.72
Joliet	86,416.66	51,013.66	3,143.40	54,157.06	10,859.37	5,554.41	2,244.41	2,368.67
Moline	67,716.41	39,974.49	2,299.30	42,273.79	8,509.44	4,352.46	1,758.73	1,856.10
Northbrook	3,387.06	1,999.46	3,705.21	5,704.67	425.63	217.70	87.97	92.84
Peoria	53,790.36	31,753.63	1,563.31	33,316.94	6,759.45	3,457.36	1,397.04	1,474.39
Rockford	73,842.14	43,590.64	3,349.02	46,939.66	9,279.22	4,746.19	1,917.82	2,024.00
St. Charles	111,075.24	65,570.16	6,572.18	72,142.34	13,958.04	7,139.33	2,884.84	3,044.56
St. Louis	63,604.93	37,547.39	3,725.95	41,273.34	7,992.78	4,088.19	1,651.94	1,743.40
Swansea	1,679.31	991.33	1,902.83	2,894.16	211.03	107.94	43.61	46.03
Wood River	5,432.52	3,206.95	5,461.94	8,668.89	682.67	349.17	141.08	148.90
	<u>882,125.57</u>	<u>520,738.16</u>	<u>56,475.00</u>	<u>577,213.16</u>	<u>110,850.46</u>	<u>56,698.41</u>	<u>22,910.49</u>	<u>24,178.94</u>

Wood River Real Estate
Cost of Related Organization
6/30/2008

Depreciation	153,638	Ln 17
Interest	736,986	Ln 18
Insurance	2,410	Ln 13

Rosewood Care Center
MAS Cost Allocations for Medicaid
06/30/08

Facility	Alton	E. Peoria	Edwardsville	Elgin	Galesburg	Inverness	Joliet	Moline	Northbrook	Peoria	Rockford	St. Charles	St. Louis	Swansea	Wood River	Therapy	Home Hlth	Unrelated Companies	Total	
Total Cost	2,723,141	1,892,843	1,297,101	2,682,165	4,437,651	1,904,098	1,938,866	2,036,161	7,232,064	2,105,941	2,074,507	2,320,623	2,029,479	5,962,410	2,551,226	7,980,641	538,634	43,407,735	95,115,286	
Pooled Costs:																				
1 Dietary	47,734	1,367	950	651	1,346	2,227	956	973	1,022	3,629	1,057	1,041	1,165	1,019	2,992	1,280	4,005	270	21,784	47,734
3 Utilities	3,721	107	74	51	105	174	74	76	80	283	82	81	91	79	233	100	312	21	1,698	3,721
2 Maintenance	157,666	4,514	3,138	2,150	4,446	7,356	3,156	3,214	3,375	11,988	3,491	3,439	3,847	3,364	9,883	4,229	13,229	893	71,954	157,666
10 Salaries - Officers	132,286	3,787	2,633	1,804	3,730	6,172	2,648	2,697	2,832	10,058	2,929	2,885	3,228	2,823	8,292	3,548	11,099	749	60,371	132,285
10 Professional Services	253,059	7,245	5,036	3,451	7,136	11,807	5,066	5,158	5,417	19,241	5,603	5,519	6,174	5,400	15,863	6,788	21,233	1,433	115,488	253,058
10 Dues & Subscriptions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10 Salaries - Other	1,781,817	51,013	35,459	24,299	50,246	83,132	35,670	36,321	38,144	135,480	39,451	38,862	43,473	38,019	111,695	47,793	149,503	10,090	813,167	1,781,817
10 Clerical & Office Supplies	437,110	12,514	8,699	5,961	12,326	20,394	8,750	8,910	9,357	33,236	9,678	9,534	10,665	9,327	27,401	11,724	36,676	2,475	199,484	437,111
12 Payroll Taxes & Emp Ben.	244,016	6,986	4,856	3,328	6,881	11,385	4,885	4,974	5,224	18,554	5,403	5,322	5,954	5,207	15,296	6,545	20,474	1,382	111,362	244,018
10 Travel & Seminar	22,893	655	456	312	646	1,068	458	467	490	1,741	507	499	559	488	1,435	614	1,921	130	10,448	22,894
10 Other Admin Transp	28,676	821	571	391	809	1,338	574	585	614	2,180	635	625	700	612	1,798	769	2,406	162	13,087	28,677
13 Insurance	31,565	904	628	430	890	1,473	632	643	676	2,400	699	688	770	674	1,979	847	2,648	179	14,405	31,565
17 Depreciation	172,574	4,941	3,434	2,353	4,866	8,052	3,455	3,518	3,694	13,122	3,821	3,764	4,210	3,682	10,818	4,629	14,480	977	78,758	172,574
20 Building Rent	264,718	7,579	5,268	3,610	7,465	12,351	5,299	5,396	5,667	20,128	5,861	5,774	6,459	5,648	16,594	7,100	22,211	1,499	120,809	264,718
Total Pooled Costs	3,577,835	102,433	71,202	48,791	100,892	166,929	71,623	72,932	76,592	272,040	79,217	78,033	87,295	76,342	224,279	95,966	300,197	20,260	1,632,815	3,577,838
Direct Costs:																				
10 Direct Admin Salaries	107,457	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	107,457	-	107,457
17 Direct Depreciation	21,580	1,330	1,190	1,400	1,330	1,290	1,190	1,380	1,050	1,430	1,260	1,260	1,130	1,290	1,360	1,030	-	2,660	-	21,580
10 Direct Travel	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2 Direct Maintenance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Direct Costs	129,037	1,330	1,190	1,400	1,330	1,290	1,190	1,380	1,050	1,430	1,260	1,260	1,130	1,290	1,360	1,030	-	110,117	-	129,037
Total Facility MAS Costs	3,706,872	103,763	72,392	50,191	102,222	168,219	72,813	74,312	77,642	273,470	80,477	79,293	88,425	77,632	225,639	96,996	300,197	130,377	1,632,815	3,706,875
10 Grand Total	2,763,298	76,035	52,854	36,218	74,893	123,911	53,166	54,138	56,854	201,936	58,803	57,924	64,799	56,669	166,484	71,236	222,838	122,496	1,212,045	2,763,299
17 Grand Total	194,154	6,271	4,624	3,753	6,196	9,342	4,645	4,898	4,744	14,552	5,081	5,024	5,340	4,972	12,178	5,659	14,480	3,637	78,758	194,154

HSM Management Services
Home Office Cost Allocations for Medicaid
12/31/07

Facility	Alton	East Peoria	Edwardsville	Elgin	Galesburg	Inverness	Joliet	Moline	Northbrook	Peoria	Rockford	St. Charles	St. Louis	Swansea	Wood River	Therapy	Home Hlth	Unrelated Companies	Total
Total Cost	2,722,480	1,892,251	1,296,405	2,681,504	2,653,902	1,903,506	1,938,180	2,035,639	3,635,792	2,105,314	2,073,880	2,319,493	2,028,838	2,997,496	1,256,272	4,012,126	270,789	8,517,978	46,341,843
Pooled Costs:																			
2 Maintenance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10 Professional Services	1,305	77	53	37	76	75	54	55	57	102	59	58	65	57	84	35	113	8	240
10 Dues & Subscriptions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10 Salaries - Other	577,445	33,924	23,578	16,154	33,413	33,069	23,719	24,151	25,365	45,304	26,233	25,842	28,902	25,280	37,350	15,654	49,993	3,374	106,139
10 Taxes, Licenses & Ofc Sup	13,251	778	541	371	767	759	544	554	582	1,040	602	593	663	580	857	359	1,147	77	2,436
10 Telephone	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12 Payroll Taxes	34,692	2,038	1,417	971	2,007	1,987	1,425	1,451	1,524	2,722	1,576	1,553	1,736	1,519	2,244	940	3,004	203	6,377
12 Employee Benefits	16,704	981	682	467	967	957	686	699	734	1,311	959	748	836	731	1,080	453	1,446	98	3,070
10 Travel & Seminar	31,856	1,871	1,301	891	1,843	1,824	1,308	1,332	1,399	2,499	1,447	1,426	1,594	1,395	2,061	864	2,758	186	5,855
10 Other Admin Staff Transp	26,039	1,530	1,063	728	1,507	1,491	1,070	1,089	1,144	2,043	1,183	1,165	1,303	1,140	1,684	706	2,254	152	4,786
13 Insurance	15,926	936	650	446	922	912	654	666	700	1,249	724	713	797	697	1,030	432	1,379	93	2,927
Total Pooled Costs	717,218	42,135	29,285	20,065	41,502	41,074	29,460	29,997	31,505	56,270	32,583	32,098	35,896	31,399	46,390	19,443	62,094	4,191	131,830
Direct Costs:																			
10 Direct Admin Salaries	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Direct Costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Facility Home Office Costs	717,218	42,135	29,285	20,065	41,502	41,074	29,460	29,997	31,505	56,270	32,583	32,098	35,896	31,399	46,390	19,443	62,094	4,191	131,830
10 Grand Total	649,896	38,180	26,536	18,181	37,606	37,218	26,695	27,181	28,547	50,988	29,524	29,084	32,527	28,452	42,036	17,618	56,265	3,797	119,456
12 Grand Total	51,396	3,019	2,099	1,438	2,974	2,944	2,111	2,150	2,258	4,033	2,335	2,301	2,572	2,250	3,324	1,393	4,450	301	9,447