

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2012  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2012)**

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>1000080</u></p> <p><b>Facility Name:</b> <u>Foxes Grove Supportive Living Community</u></p> <p><b>Address:</b> <u>395 Edwardsville Road</u> <u>Wood River</u> <u>62095</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>259-0851</u> Fax # <u>(618) 259-0854</u></p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>07/01/2008</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" 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 type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td><b>IRS Exemption Code</b> _____</td> <td><input checked="" 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>Cindy A. Tefteller</u> <b>Telephone Number:</b> <u>(618) 465-7717</u>  <b>Email Address:</b> _____</p>	<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	<b>IRS Exemption Code</b> _____	<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	_____	<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>07/01/2011</u> to <u>06/30/2012</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;">Officer or Administrator of Provider</td> <td>(Signed) _____ (Type or Print Name) _____ (Title) _____</td> </tr> <tr> <td style="vertical-align: top;">Paid Preparer</td> <td>(Signed) <u>See Accountant's Compilation Report</u> (Print Name and Title) <u>Cindy A. Tefteller</u> (Firm Name &amp; Address) <u>C.J. Schlosser &amp; Company, L.L.C. 233 E. Center Drive, Alton, IL 6202</u> (Telephone) <u>(618) 465-7717</u> Fax <u>(618) 465-7710</u></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) _____ (Type or Print Name) _____ (Title) _____	Paid Preparer	(Signed) <u>See Accountant's Compilation Report</u> (Print Name and Title) <u>Cindy A. Tefteller</u> (Firm Name & Address) <u>C.J. Schlosser &amp; Company, L.L.C. 233 E. Center Drive, Alton, IL 6202</u> (Telephone) <u>(618) 465-7717</u> Fax <u>(618) 465-7710</u>
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Facility Name Foxes Grove Supportive Living Community

Report Period Beginning: 07/01/2011 Ending: 06/30/2012

**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	13,655	16,788		30,443	5
6	Double Unit					6
7	Other					7
8	TOTALS	13,655	16,788		30,443	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 79.22%

**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: 06/30/2012 Fiscal Year: 06/30/2012

\* 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:

07/01/2011

Ending: 06/30/2012

## 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	195,985	201,439	1,408	398,832	(5,252)	393,580	1
2	Housekeeping, Laundry and Maintenance	118,098	26,262	133,049	277,409	(30,807)	246,602	2
3	Heat and Other Utilities			132,027	132,027		132,027	3
4	Other (specify): Waste Disposal			7,098	7,098		7,098	4
5	<b>TOTAL General Services</b>	<b>314,083</b>	<b>227,701</b>	<b>273,582</b>	<b>815,366</b>	<b>(36,059)</b>	<b>779,307</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	413,092	1,889	2,324	417,305	13,851	431,156	6
7	Activities and Social Services		10,540	270	10,810		10,810	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>413,092</b>	<b>12,429</b>	<b>2,594</b>	<b>428,115</b>	<b>13,851</b>	<b>441,966</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	144,318	5,902	119,569	269,789	(906)	268,883	10
11	Marketing Materials, Promotions and Advertising			15,467	15,467		15,467	11
12	Employee Benefits and Payroll Taxes			106,483	106,483	8,936	115,419	12
13	Insurance-Property, Liability and Malpractice			40,663	40,663	464	41,127	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	<b>144,318</b>	<b>5,902</b>	<b>282,182</b>	<b>432,402</b>	<b>8,494</b>	<b>440,896</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>871,493</b>	<b>246,032</b>	<b>558,358</b>	<b>1,675,883</b>	<b>(13,714)</b>	<b>1,662,169</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			6,916	6,916	688	7,604	17
18	Interest			63	63	(63)		18
19	Real Estate Taxes			65,125	65,125		65,125	19
20	Rent -- Facility and Grounds			868,905	868,905		868,905	20
21	Rent -- Equipment							21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			<b>941,009</b>	<b>941,009</b>	<b>625</b>	<b>941,634</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>871,493</b>	<b>246,032</b>	<b>1,499,367</b>	<b>2,616,892</b>	<b>(13,089)</b>	<b>2,603,803</b>	<b>24</b>

Facility Name: Foxes Grove Supportive Living Community

Report Period Beginning 07/01/2011

Ending:

06/30/2012

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 30.57	1
2	Licensed Practical Nurses	3	19.47	2
3	Certified Nurse Assistants	11	9.77	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	1	14.66	6
7	Cook Helpers/Assistants	9	8.98	7
8	Dishwashers			8
9	Maintenance Workers	3	9.35	9
10	Housekeepers	3	8.71	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1	30.48	13
14	Clerical	3	11.12	14
15	Marketing			15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>35</b>	<b>\$ 11.82</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	Michael Brady Administrative		1.41	\$ 4,410	1
2					2
3					3
4					4
5					5
				<b>Total</b>	<b>\$ 4410 6</b>

VI. (B) Management fees paid to unrelated parties

	Section Not Applicable	Amount of Fee	
1	Section Not Applicable	\$	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
See Attached			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
See Attached					

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:

07/01/2011

Ending:

06/30/2012

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
	<b>Improvement Type</b>										
6		Carpet & Vinyl for 2 bedrooms		2011	3,016	251	10	251		251	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)				\$ 3,016	\$ 251		\$ 251	\$	\$ 251	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	\$	\$	\$	\$		\$	18
19	Vehicles	32,401	6,540	7,228	688	4	29,024	19
20	TOTAL (lines 18 and 19)	\$ 32,401	\$ 6,540	\$ 7,228	688		\$ 29,024	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: 07/01/2011

Ending: 06/30/2012

**IX. RENTAL COSTS**

**A. Building and Fixed Equipment**

1. Name of Party Holding Lease: Wood River Real Estate Holding Company

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	1987	46	07/01/08	\$ 868,905	4	Unlimited	3
4	Additions	1990	48	/ /				4
5				/ /				5
6				/ /				6
7	<b>TOTAL</b>		94		\$ 868,905			7

8. Is movable equipment rental included in building rental?

YES  NO

9. Rental amount for movable equipment \$ Not Specified

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					
	<b>A. Directly Facility Related</b>											
	<b>Long-Term</b>											
1					/ /	\$	\$	/ /		\$	1	
2					/ /			/ /			2	
3					/ /			/ /			3	
	<b>Working Capital</b>											
4	Miscellaneous Interest Expense				/ /			/ /			63	4
5					/ /			/ /				5
6	Less: Interest Income Offset				/ /			/ /			-63	6
7	<b>TOTAL Facility Related</b>					\$	\$			\$		7
	<b>B. Non-Facility Related</b>											
8					/ /			/ /				8
9					/ /			/ /				9
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$	\$			\$		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: **07/01/2011**

Ending:

**06/30/2012****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **06/30/2012**

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 61,762	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 10,000 )	226,602		3
4	Supply Inventory (priced : <u>Cost</u> )	6,918		4
5	Short-Term Investments			5
6	Prepaid Insurance	18,152		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	149,865		8
9	Other(specify): <u>Deposits</u>	234		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 463,533	\$	10
	<b>B. Long-Term Assets</b>			
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	3,016		15
16	Equipment, at Historical Cost	26,160		16
17	Accumulated Depreciation (book methods)	(24,893)		17
18	Deferred Charges			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): <u>Deposits</u>	500		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 4,783	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 468,316	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 34,288	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	61,000		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	73,675		30
31	Accrued Taxes Payable	89,263		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes	102		34
	<b>Other Current Liabilities(specify):</b>			
35	<u>Accrued Expenses</u>	5,196		35
36	<u>Accrued Rent</u>	91,351		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 354,875	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable			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>	\$	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 354,875	\$	45
46	<b>TOTAL EQUITY</b>	\$ 113,441	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 468,316	\$	47

\*(See instructions.)

Facility Name: Foxes Grove Supportive Living Community

Report Period Beginning: 07/01/2011

Ending:

06/30/2012

## 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	\$ 2,630,313	1
2	Discounts and Allowances	(12,263)	2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 2,618,050</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	2,700	8
9	Non-Resident Meals	4,575	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 7,275</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	10,155	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 10,155</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	Application Fee Income	2,250	15
16	Miscellaneous	919	16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 3,169</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 2,638,649</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	815,366	19
20	Health Care/ Personal Care	428,115	20
21	General Administration	432,402	21
<b>B. Capital Expense</b>			
22	Ownership	941,009	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>\$ 2,616,892</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 21,757</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>\$ 21,757</b>	<b>31</b>

Foxes Grove Supportive Living Community  
Attachment to Schedule VII  
6/30/2012

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

Other Related Businesses:	Type of Business:
Bravo Nursing Home Services, Inc.	Management Co.
Bravo Holding Company, Inc.	Holding Co.
Bravo Senior Living Services, Inc.	Building Services Co.
Bravo Team Health, Inc.	Human Resources Co.

**Senior Living Services**  
**Construction and Building Services Allocation**  
**6/30/2012**

	Per SLS T/B	560,328.94			90,357.00	54,330.92	10,972.83	20,060.00
	Base	Pooled	Direct	Total	Pooled	Pooled	Pooled	Pooled
	Fees	Line 2	Line 2	Line 2	Line 10	Line 12	Line 13	Line 17
Alton	198,586.71	49,824.78	78,417.30	128,242.08	8,034.60	4,831.14	975.71	1,783.75
East Peoria	110,622.74	27,754.90	44,696.71	72,451.61	4,475.67	2,691.19	543.52	993.64
Edwardsville	117,369.92	29,447.74	38,672.16	68,119.90	4,748.66	2,855.33	576.67	1,054.24
Elgin	151,322.23	37,966.27	47,647.70	85,613.97	6,122.33	3,681.31	743.49	1,359.21
Galesburg	91,597.84	22,981.61	1,693.39	24,675.00	3,705.95	2,228.36	450.05	822.75
Inverness	165,083.20	41,418.86	43,095.29	84,514.15	6,679.08	4,016.08	811.10	1,482.81
Joliet	187,828.56	47,125.59	63,053.21	110,178.80	7,599.34	4,569.42	922.85	1,687.12
Moline	141,645.95	35,538.52	44,969.16	80,507.68	5,730.84	3,445.91	695.95	1,272.29
Northbrook	124,825.37	31,318.29	37,838.12	69,156.41	5,050.30	3,036.70	613.30	1,121.21
Peoria	150,652.39	37,798.21	59,189.60	96,987.81	6,095.23	3,665.01	740.20	1,353.19
Rockford	125,454.53	31,476.15	34,118.62	65,594.77	5,075.75	3,052.01	616.39	1,126.86
St. Charles	233,500.93	58,584.65	66,467.24	125,051.89	9,447.19	5,680.52	1,147.25	2,097.35
St. Louis	176,518.01	44,287.81	51,900.76	96,188.57	7,141.72	4,294.26	867.28	1,585.52
Swansea	170,891.97	42,876.26	2,290.58	45,166.84	6,914.10	4,157.39	839.64	1,534.99
Wood River	76,585.36	19,215.03	21,368.01	40,583.04	3,098.56	1,863.14	376.28	687.91
Other Co's	10,818.28	2,714.27	646.68	3,360.95	437.70	263.18	53.15	97.17
	<u>2,233,303.99</u>	<u>560,328.94</u>	<u>636,064.53</u>	<u>1,196,393.47</u>	<u>90,357.02</u>	<u>54,330.95</u>	<u>10,972.83</u>	<u>20,060.01</u>

**Claims Administrative Services, LLC**  
**Legal Fees Allocation**  
**6/30/2012**

	Per CAS T/B	384,874.13			51,379.56
	Base	Pooled	Direct	Total	Pooled
	Fees	Line 10	Line 10	Line 10	Line 12
Alton	84,415.00	37,084.20	2,395.13	39,479.33	4,950.63
East Peoria	6,570.00	2,886.25	-	2,886.25	385.31
Edwardsville	8,765.00	3,850.54	13,965.67	17,816.21	514.04
Elgin	19,957.50	8,767.49	-	8,767.49	1,170.43
Galesburg	4,047.50	1,778.10	2,312.00	4,090.10	237.37
Inverness	48,980.00	21,517.31	4,423.35	25,940.66	2,872.50
Joliet	41,325.00	18,154.41	23,331.04	41,485.45	2,423.56
Moline	9,020.00	3,962.56	-	3,962.56	528.99
Northbrook	18,817.50	8,266.68	2,004.00	10,270.68	1,103.58
Peoria	8,920.00	3,918.63	-	3,918.63	523.13
Rockford	5,075.00	2,229.49	17,170.25	19,399.74	297.63
St. Charles	23,522.50	10,333.63	1,286.00	11,619.63	1,379.51
St. Louis	20,067.50	8,815.82	-	8,815.82	1,176.89
Swansea	268,214.00	117,828.59	-	117,828.59	15,729.77
Wood River	690.00	303.12	-	303.12	40.47
RCC Hold	221,007.50	97,090.39	-	97,090.39	12,961.28
Other Co's	86,697.50	38,086.92	-	38,086.92	5,084.49
	<u>876,091.50</u>	<u>384,874.13</u>	<u>66,887.44</u>	<u>451,761.57</u>	<u>51,379.58</u>

**Bravo Holding Company  
Related Party Allocation  
6/30/2012**

	Total Facility Costs	55,418.33 Pooled Line 10	3,728.07 Pooled Line 13
Alton	8,154,202	4,182.04	281.33
East Peoria	6,501,256	3,334.30	224.30
Edwardsville	6,434,516	3,300.07	222.00
Elgin	9,057,727	4,645.43	312.50
Galesburg	6,291,088	3,226.51	217.05
Inverness	8,755,298	4,490.33	302.07
Joliet	9,066,240	4,649.80	312.80
Moline	6,277,192	3,219.38	216.57
Northbrook	9,510,087	4,877.43	328.11
Peoria	7,155,461	3,669.82	246.87
Rockford	6,680,629	3,426.29	230.49
St. Charles	7,002,700	3,591.47	241.60
St. Louis	5,774,938	2,961.79	199.24
Swansea	8,851,908	4,539.87	305.40
Wood River	2,542,180	1,303.81	87.71
	108,055,422	55,418.34	3,728.04

**Bravo Nursing Home Services  
Home Office Cost Allocations for Medicaid  
6/30/2012**

Facility		BRAVO Alton	BRAVO East Peoria	BRAVO Edwardsville	BRAVO Elgin	BRAVO Galesburg	BRAVO Inverness	BRAVO Joliet	BRAVO Moline	BRAVO Northbrook
Total Cost		8,154,202	6,501,256	6,434,516	9,057,727	6,291,088	8,755,298	9,066,240	6,277,192	9,510,087
Pooled Costs:										
10 Nursing &	522,626	39,439	31,444	31,121	43,809	30,428	42,346	43,850	30,361	45,997
10a Therapy	66,088	4,987	3,976	3,935	5,540	3,848	5,355	5,545	3,839	5,816
17 Salaries -	187,446	14,145	11,278	11,162	15,713	10,913	15,188	15,727	10,889	16,497
19 Profession	5,077	383	305	302	426	296	411	426	295	447
20 Dues & Si	252	19	15	15	21	15	20	21	15	22
21 Salaries -	535,914	40,442	32,244	31,913	44,923	31,201	43,423	44,965	31,132	47,166
21 Taxes, Lic	2,363	178	142	141	198	138	191	198	137	208
21 Telephone	10,197	769	614	607	855	594	826	856	592	897
22 Payroll Ta	98,592	7,440	5,932	5,871	8,264	5,740	7,989	8,272	5,727	8,677
22 Employee	200,331	15,118	12,053	11,929	16,793	11,663	16,232	16,808	11,638	17,631
24 Travel & S	28,031	2,115	1,687	1,669	2,350	1,632	2,271	2,352	1,628	2,467
25 Other Adr	41,648	3,143	2,506	2,480	3,491	2,425	3,375	3,494	2,419	3,665
26 Insurance	-	-	-	-	-	-	-	-	-	-
Total Poo	1,698,565	128,178	102,196	101,145	142,383	98,893	137,627	142,514	98,672	149,490
Total Dire	-	-	-	-	-	-	-	-	-	-
Total Facility Home C	1,698,565	128,178	102,196	101,145	142,383	98,893	137,627	142,514	98,672	149,490
21 Grand Tot	548,474	41,389	33,000	32,661	45,976	31,933	44,440	46,019	31,861	48,271

22 Grand Tot	298,923	22,558	17,985	17,800	25,057	17,403	24,221	25,080	17,365	26,308
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BRAVO Peoria	BRAVO Rockford	BRAVO St. Charles	BRAVO St. Louis	RCC Swansea	BRAVO Wood River	Total
7,155,461	6,680,629	7,002,700	5,774,938	8,851,908	2,542,180	108,055,422
34,608	32,312	33,870	27,931	42,814	12,296	522,626
4,376	4,086	4,283	3,532	5,414	1,555	66,087
12,413	11,589	12,148	10,018	15,356	4,410	187,446
336	314	329	271	416	119	5,076
17	16	16	13	21	6	252
35,488	33,133	34,731	28,642	43,902	12,608	535,913
156	146	153	126	194	56	2,362
675	630	661	545	835	240	10,196
6,529	6,096	6,389	5,269	8,077	2,320	98,592
13,266	12,386	12,983	10,707	16,411	4,713	200,331
1,856	1,733	1,817	1,498	2,296	659	28,030
2,758	2,575	2,699	2,226	3,412	980	41,648
-	-	-	-	-	-	-
-	-	-	-	-	-	-
112,478	105,016	110,079	90,778	139,148	39,962	1,698,559
-	-	-	-	-	-	-
112,478	105,016	110,079	90,778	139,148	39,962	1,698,559
36,319	33,909	35,545	29,313	44,931	12,904	548,471

19,795      18,482      19,372      15,976      24,488      7,033      298,923