

Facility Name & ID Number Rosewood Care Ctr of Alton

0049288 Report Period Beginning: 07/01/2013 Ending: 06/30/2014

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	180	Skilled (SNF)	180	65,700	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	180	TOTALS	180	65,700	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF		91	8,701	8,792	8
9	SNF/PED					9
10	ICF	18,241	19,321	70	37,632	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	18,241	19,412	8,771	46,424	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 70.66%

D. How many bed-hold days during this year were paid by the Department?

0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES NO Non-allowable costs have been eliminated in Schedule V, Column 7

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES NO

I. On what date did you start providing long term care at this location?

Date started 12/01/2007

J. Was the facility purchased or leased after January 1, 1978?

YES Date 12/01/2007 NO

K. Was the facility certified for Medicare during the reporting year?

YES NO If YES, enter number of beds certified 48 and days of care provided 7,330

Medicare Intermediary Novitas Solutions, Inc.

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 06/30/14 Fiscal Year: 06/30/14

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number

Rosewood Care Ctr of Alton

0049288

Report Period Beginning:

07/01/2013

Ending:

06/30/2014

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	263,882	30,614	7,826	302,322		302,322	2,272	304,594		1
2	Food Purchase		284,029		284,029		284,029	(6,046)	277,983		2
3	Housekeeping	217,407	62,388		279,795		279,795		279,795		3
4	Laundry	77,275	15,620		92,895		92,895		92,895		4
5	Heat and Other Utilities			165,913	165,913		165,913	297	166,210		5
6	Maintenance	38,091	12,578	311,871	362,540		362,540	(88,712)	273,828		6
7	Other (specify):* Allocated HO Benefits							6,072	6,072		7
8	TOTAL General Services	596,655	405,229	485,610	1,487,494		1,487,494	(86,117)	1,401,377		8
	B. Health Care and Programs										
9	Medical Director			15,630	15,630		15,630		15,630		9
10	Nursing and Medical Records	3,378,174	234,746	73,497	3,686,417		3,686,417	62,847	3,749,264		10
10a	Therapy		2,598	872,657	875,255		875,255		875,255		10a
11	Activities	86,139	4,511	2,400	93,050		93,050		93,050		11
12	Social Services	51,145		2,400	53,545		53,545		53,545		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Allocated HO Benefits							5,298	5,298		15
16	TOTAL Health Care and Programs	3,515,458	241,855	966,584	4,723,897		4,723,897	68,145	4,792,042		16
	C. General Administration										
17	Administrative	70,884		296,795	367,679		367,679	(271,082)	96,597		17
18	Directors Fees										18
19	Professional Services			176,723	176,723		176,723	114,451	291,174		19
20	Dues, Fees, Subscriptions & Promotions			20,031	20,031		20,031	(2,001)	18,030		20
21	Clerical & General Office Expenses	81,000	15,805	37,525	134,330		134,330	209,261	343,591		21
22	Employee Benefits & Payroll Taxes			608,419	608,419		608,419		608,419		22
23	Inservice Training & Education										23
24	Travel and Seminar			320	320		320	8,527	8,847		24
25	Other Admin. Staff Transportation			13,504	13,504		13,504	(2,496)	11,008		25
26	Insurance-Prop.Liab.Malpractice			50,179	50,179		50,179	49,080	99,259		26
27	Other (specify):* Allocated HO Benefits							19,745	19,745		27
28	TOTAL General Administration	151,884	15,805	1,203,496	1,371,185		1,371,185	125,485	1,496,670		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,263,997	662,889	2,655,690	7,582,576		7,582,576	107,513	7,690,089		29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Rosewood Care Ctr of Alton

#0049288

Report Period Beginning: 07/01/2013 Ending: 06/30/2014

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			17,152	17,152		17,152	126,530	143,682			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			105,876	105,876		105,876	188,618	294,494			32
33	Real Estate Taxes							136,469	136,469			33
34	Rent-Facility & Grounds			1,341,944	1,341,944		1,341,944	(669,068)	672,876			34
35	Rent-Equipment & Vehicles			18,702	18,702		18,702	13,549	32,251			35
36	Other (specify):*											36
37	TOTAL Ownership			1,483,674	1,483,674		1,483,674	(203,902)	1,279,772			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		309,841		309,841		309,841		309,841			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			329,677	329,677		329,677		329,677			42
43	Other (specify):* See Att Sch 4A	68,125	4,693	263,393	336,211		336,211	(296,598)	39,613			43
44	TOTAL Special Cost Centers	68,125	314,534	593,070	975,729		975,729	(296,598)	679,131			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,332,122	977,423	4,732,434	10,041,979		10,041,979	(392,987)	9,648,992			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

Rosewood Care Ctr of Alton

Period Beginning 07/01/2013

Period End 06/30/2014

Schedule 4A

V. Cost Center Expenses

		Cost Per General Ledger				Reclass- ification	Reclassified Total	Adjust- ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					5	6
		1	2	3	4						
	Ancillary Expense										
	E. Special Cost Centers										
43	Other (specify):*				0		0		0		
	Laboratory Expense			22,884	22,884		22,884		22,884		
	Radiology Expenses			16,729	16,729		16,729		16,729		
	Non-Allowable Expenses	68,125	4,693	223,780	296,598		296,598	(296,598)	0		
					0		0		0		
					0		0		0		
	TOTAL Other Special Cost Centers	68,125	4,693	263,393	336,211	0	336,211	(296,598)	39,613		

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(3,765)	2		4
5	Telephone, TV & Radio in Resident Rooms	(9,729)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(15,247)	32		10
11	Discounts, Allowances, Rebates & Refunds	(2,320)	2		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(382)	20		17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(3,880)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(213,717)	43		24
25	Fund Raising, Advertising and Promotional	(4,693)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(334)	43		28
29	Other-Attach Schedule See Page 5A	(86,409)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (340,476)		\$	30

BHF USE ONLY					
48		49		50	51
					52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(52,511)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (52,511)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (392,987)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44						44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

Rosewood Care Ctr of Alton

ID# 0049288

Report Period Beginning: 07/01/2013

Ending: 06/30/2014

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Eliminate Marketing Salary	\$ (68,125)	43	1
2	Eliminate Lobbying & PAC Dues	(3,955)	20	2
3	Miscellaneous Income Offset	(1,565)	21	3
4	Disallow Marketing Mileage Reimbursement	(12,764)	25	4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total		(86,409)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Rosewood Care Ctr of Alton# 0049288

Report Period Beginning:

07/01/2013

Ending:

06/30/2014

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	2,272	0	0	0	0	0	0	0	0	2,272	1
2	Food Purchase	(6,085)	0	39	0	0	0	0	0	0	0	0	(6,046)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	267	0	30	0	0	0	0	0	0	297	5
6	Maintenance	0	0	198	0	(88,910)	0	0	0	0	0	0	(88,712)	6
7	Other (specify):*	0	0	257	0	5,815	0	0	0	0	0	0	6,072	7
8	TOTAL General Services	(6,085)	0	3,033	0	(83,065)	0	0	0	0	0	0	(86,117)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	57,063	5,784	0	0	0	0	0	0	0	0	62,847	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	4,645	653	0	0	0	0	0	0	0	0	5,298	15
16	TOTAL Health Care and Programs	0	61,708	6,437	0	0	0	0	0	0	0	0	68,145	16
	C. General Administration													
17	Administrative	0	(118,688)	(155,994)	0	0	3,600	0	0	0	0	0	(271,082)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(3,880)	146	11,084	(25,925)	0	130,755	2,271	0	0	0	0	114,451	19
20	Fees, Subscriptions & Promotions	(4,337)	14	1,957	354	11	0	0	0	0	0	0	(2,001)	20
21	Clerical & General Office Expenses	(1,565)	65,172	125,506	17,168	893	592	1,495	0	0	0	0	209,261	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	2,306	3,787	141	2,208	85	0	0	0	0	0	8,527	24
25	Other Admin. Staff Transportation	(12,764)	3,485	1,635	344	4,804	0	0	0	0	0	0	(2,496)	25
26	Insurance-Prop.Liab.Malpractice	0	397	2,599	180	1,384	638	43,882	0	0	0	0	49,080	26
27	Other (specify):*	0	6,768	11,339	1,638	0	0	0	0	0	0	0	19,745	27
28	TOTAL General Administration	(22,546)	(40,400)	1,913	(6,100)	9,300	132,070	51,248	0	0	0	0	125,485	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(28,631)	21,308	11,383	(6,100)	(73,765)	132,070	51,248	0	0	0	0	107,513	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Rosewood Care Ctr of Alton# 0049288

Report Period Beginning:

07/01/2013 Ending:06/30/2014

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	0	0	8,696	0	1,491	0	116,343	0	0	0	0	126,530	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(15,247)	0	626	89	0	(83,914)	287,064	0	0	0	0	188,618	32
33	Real Estate Taxes	0	0	0	0	0	0	136,469	0	0	0	0	136,469	33
34	Rent-Facility & Grounds	0	0	7,821	0	0	0	(676,889)	0	0	0	0	(669,068)	34
35	Rent-Equipment & Vehicles	0	11,942	1,607	0	0	0	0	0	0	0	0	13,549	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(15,247)	11,942	18,750	89	1,491	(83,914)	(137,013)	0	0	0	0	(203,902)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(296,598)	0	0	0	0	0	0	0	0	0	0	(296,598)	43
44	TOTAL Special Cost Centers	(296,598)	0	0	0	0	0	0	0	0	0	0	(296,598)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(340,476)	33,250	30,133	(6,011)	(72,274)	48,156	(85,765)	0	0	0	0	(392,987)	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Bravo Services, L.L.C.	100	See Page 6 - Supplemental		See Page 6 - Supplemental		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	10 Nursing & Medical Records	\$	Bravo Nursing Home Services, Inc.	0.00%	\$ 57,063	\$ 57,063	1
2	V	15 Mgmt. Allocation of Benefits		Bravo Nursing Home Services, Inc.	0.00%	4,645	4,645	2
3	V	17 Mgmt Fee/Administrative	138,000	Bravo Nursing Home Services, Inc.	0.00%	19,312	(118,688)	3
4	V	19 Professional Services		Bravo Nursing Home Services, Inc.	0.00%	146	146	4
5	V	20 Dues, Fees, Subs & Promotions		Bravo Nursing Home Services, Inc.	0.00%	14	14	5
6	V	21 Clerical and General Office		Bravo Nursing Home Services, Inc.	0.00%	65,172	65,172	6
7	V	24 Travel and Seminar		Bravo Nursing Home Services, Inc.	0.00%	2,306	2,306	7
8	V	25 Other Admin. Staff Transport.		Bravo Nursing Home Services, Inc.	0.00%	3,485	3,485	8
9	V	26 Insurance-Prop./Liab./Malprac.		Bravo Nursing Home Services, Inc.	0.00%	397	397	9
10	V	27 Mgmt. Allocation of Benefits		Bravo Nursing Home Services, Inc.	0.00%	6,768	6,768	10
11	V	35 Rent-Equipment & Vehicles		Bravo Nursing Home Services, Inc.	0.00%	11,942	11,942	11
12	V							12
13	V							13
14	Total		\$ 138,000			\$ 171,250	\$ * 33,250	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	<u>1</u> Dietary	\$	Midwest Administrative Services, Inc.	0.00%	\$ 2,272	\$	2,272	15
16	V	<u>2</u> Food		Midwest Administrative Services, Inc.	0.00%	39		39	16
17	V	<u>5</u> Utilities		Midwest Administrative Services, Inc.	0.00%	267		267	17
18	V	<u>6</u> Maintenance		Midwest Administrative Services, Inc.	0.00%	198		198	18
19	V	<u>7</u> Mgmt. Allocation of Benefits		Midwest Administrative Services, Inc.	0.00%	257		257	19
20	V	<u>10</u> Nursing and Medical Records		Midwest Administrative Services, Inc.	0.00%	5,784		5,784	20
21	V	<u>15</u> Mgmt. Allocation of Benefits		Midwest Administrative Services, Inc.	0.00%	653		653	21
22	V	<u>17</u> Mgmt Fee/Administrative	158,795	Midwest Administrative Services, Inc.	0.00%	2,801		(155,994)	22
23	V	<u>19</u> Professional Services		Midwest Administrative Services, Inc.	0.00%	11,084		11,084	23
24	V	<u>20</u> Dues, Fees, Subs & Promotions		Midwest Administrative Services, Inc.	0.00%	1,957		1,957	24
25	V	<u>21</u> Clerical and General Office		Midwest Administrative Services, Inc.	0.00%	125,506		125,506	25
26	V	<u>24</u> Travel and Seminar		Midwest Administrative Services, Inc.	0.00%	3,787		3,787	26
27	V	<u>25</u> Other Admin. Staff Transport.		Midwest Administrative Services, Inc.	0.00%	1,635		1,635	27
28	V	<u>26</u> Insurance-Prop./Liab./Malprac.		Midwest Administrative Services, Inc.	0.00%	2,599		2,599	28
29	V	<u>27</u> Mgmt. Allocation of Benefits		Midwest Administrative Services, Inc.	0.00%	11,339		11,339	29
30	V	<u>30</u> Depreciation		Midwest Administrative Services, Inc.	0.00%	8,696		8,696	30
31	V	<u>32</u> Interest		Midwest Administrative Services, Inc.	0.00%	626		626	31
32	V	<u>34</u> Rent-Facility and Grounds		Midwest Administrative Services, Inc.	0.00%	7,821		7,821	32
33	V	<u>35</u> Rent-Equipment & Vehicles		Midwest Administrative Services, Inc.	0.00%	1,607		1,607	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 158,795			\$ 188,928	\$ *	30,133	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	19 Professional Services	\$ 31,639	Claims Administration Services, LLC	0.00%	\$ 5,714	\$ (25,925)
16	V	20 Dues, Fees, Subs & Promotions		Claims Administration Services, LLC	0.00%	354	354
17	V	21 Clerical and General Office		Claims Administration Services, LLC	0.00%	17,168	17,168
18	V	24 Travel and Seminar		Claims Administration Services, LLC	0.00%	141	141
19	V	25 Other Admin. Staff Transport.		Claims Administration Services, LLC	0.00%	344	344
20	V	26 Insurance-Prop./Liab./Malprac.		Claims Administration Services, LLC	0.00%	180	180
21	V	27 Mgmt. Allocation of Benefits		Claims Administration Services, LLC	0.00%	1,638	1,638
22	V	32 Interest		Claims Administration Services, LLC	0.00%	89	89
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 31,639			\$ 25,628	\$ * (6,011)

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	5 Utilities	\$	Senior Living Services, Inc.	0.00%	\$ 30	\$	30	15
16	V	6 Maintenance	186,112	Senior Living Services, Inc.	0.00%	97,202		(88,910)	16
17	V	7 Mgmt. Allocation of Benefits		Senior Living Services, Inc.	0.00%	5,815		5,815	17
18	V	20 Dues, Fees, Subs & Promotions		Senior Living Services, Inc.	0.00%	11		11	18
19	V	21 Clerical and General Office		Senior Living Services, Inc.	0.00%	893		893	19
20	V	24 Travel and Seminar		Senior Living Services, Inc.	0.00%	2,208		2,208	20
21	V	25 Other Admin. Staff Transport.		Senior Living Services, Inc.	0.00%	4,804		4,804	21
22	V	26 Insurance-Prop./Liab./Malprac.		Senior Living Services, Inc.	0.00%	1,384		1,384	22
23	V	30 Depreciation		Senior Living Services, Inc.	0.00%	1,491		1,491	23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 186,112			\$ 113,838	\$ *	(72,274)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	19 Professional Services	\$	Bravo Holding Company	0.00%	\$ 130,755	\$	130,755	15
16	V	21 Clerical and General Office		Bravo Holding Company	0.00%	592		592	16
17	V	24 Travel and Seminar		Bravo Holding Company	0.00%	85		85	17
18	V	26 Insurance-Prop./Liab./Malprac.		Bravo Holding Company	0.00%	638		638	18
19	V	32 Interest	105,876	Bravo Holding Company	0.00%	21,962		(83,914)	19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 105,876			\$ 154,032	\$ *	48,156	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	17 Administrative	\$	Alton Real Estate, Inc.	0.00%	\$ 3,600	\$	3,600	15
16	V	19 Professional Services		Alton Real Estate, Inc.	0.00%	2,271		2,271	16
17	V	21 Clerical and General Office		Alton Real Estate, Inc.	0.00%	1,495		1,495	17
18	V	26 Insurance-Prop./Liab./Malprac.		Alton Real Estate, Inc.	0.00%	43,882		43,882	18
19	V	30 Depreciation		Alton Real Estate, Inc.	0.00%	116,343		116,343	19
20	V	32 Interest		Alton Real Estate, Inc.	0.00%	287,064		287,064	20
21	V	33 Real Estate Taxes		Alton Real Estate, Inc.	0.00%	136,469		136,469	21
22	V	34 Rent-Facility and Grounds	676,889	Alton Real Estate, Inc.	0.00%			(676,889)	22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 676,889			\$ 591,124	\$ *	(85,765)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number

Rosewood Care Ctr of Alton

0049288

Report Period Beginning:

07/01/2013

Ending:

06/30/2014

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								1
2			Bravo Care of East Peoria, Inc.	East Peoria, IL	Bravo Care of Wood		Supportive Living	2
3			Bravo Care of Edwardsville, Inc.	Edwardsville, IL	River, Inc.	Wood River, IL	Facility	3
4			Bravo Care of Elgin, Inc.	Elgin, IL	Bravo Nursing Home			4
5			Bravo Care of Galeburg, Inc.	Galesburg, IL	Services, Inc.	St. Louis, MO	Management Co.	5
6			Bravo Care of Inverness, Inc.	Inverness, IL	Bravo Holding			6
7			Bravo Care of Joliet, Inc.	Joliet, IL	Company, Inc.	St. Louis, MO	Holding Co.	7
8			Bravo Care of Moline, Inc.	Moline, IL	Senior Living		Building Services	8
9			Bravo Care of Northbrook, Inc.	Northbrook, IL	Services, Inc.	St. Louis, MO	Company	9
10			Bravo Care of Peoria, Inc.	Peoria, IL	Bravo Team		Human Resources	10
11			Bravo Care of Rockford, Inc.	Rockford, IL	Health, Inc.	St. Louis, MO	Company	11
12			Bravo Care of St. Charles, Inc.	St. Charles, IL	Claims Administration		Legal Services	12
13			Bravo Care of St. Louis, Inc.	St. Louis, MO	Services, LLC	St. Louis, MO		13
14					Alton Real Estate, Inc.	Alton, IL	Lessor	14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Rosewood Care Ctr of Alton # 0049288 Report Period Beginning: 07/01/2013 Ending: 06/30/2014

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Michael Brady	President (Note 1)	Administrative	0.00	93,787	4.67	9.34	Salary	\$ 9,656	L17, C7	1
2	Mark Yampol	CEO (Note 2)	Administrative	0.00	27,202	4.67	9.34	Salary	2,800	L17, C7	2
3											3
4											4
5											5
6											6
7											7
8											8
9	Note 1: Michael Brady was the President of Bravo Nursing Home Services, Inc. from 7/1/13 to 12/30/13. When the stock of the companies were sold, Mr. Brady became										9
10	Director of Administrative Services and was no longer President. The wages above reflect only the period of time from when he was President.										10
11	Note 2: Mark Yampol is the CEO of Midwest Administrative Services, Inc. beginning 12/31/13, when the stock of the companies were purchased.										11
12	The wages above reflect only the period of time from 12/31/13 thru 6/30/14.										12
13								TOTAL	\$ 12,456		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Rosewood Care Ctr of Alton

0049288

Report Period Beginning: 07/01/2013

Ending: 6/30/2014

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

Name of Related Organization Bravo Nursing Home Services
 Street Address 11701 Borman Drive, Suite 315
 City / State / Zip Code St. Louis, MO 63146
 Phone Number (314) 994-9070
 Fax Number (314) 994-9912

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5** Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6		
1	10	Nursing & Medical Records	WeightedCensus	497,328	15	611,304	611,304	46,424	\$ 57,063	1
2	15	Mgmt. Allocation of Benefits	WeightedCensus	497,328	15	49,766	46,424	46,424	4,645	2
3	17	Administrative	WeightedCensus	497,328	15	206,886	206,886	46,424	19,312	3
4	19	Professional Services	WeightedCensus	497,328	15	1,560	46,424	46,424	146	4
5	20	Dues, Fees, Subs & Promotions	WeightedCensus	497,328	15	155	46,424	46,424	14	5
6	21	Clerical and General Office	WeightedCensus	497,328	15	698,165	683,784	46,424	65,172	6
7	24	Travel and Seminar	WeightedCensus	497,328	15	24,702	46,424	46,424	2,306	7
8	25	Other Admin. Staff Transport.	WeightedCensus	497,328	15	37,333	46,424	46,424	3,485	8
9	26	Insurance-Prop./Liab./Malprac.	WeightedCensus	497,328	15	4,250	46,424	46,424	397	9
10	27	Mgmt. Allocation of Benefits	WeightedCensus	497,328	15	72,507	46,424	46,424	6,768	10
11	35	Rent-Equipment & Vehicles	WeightedCensus	497,328	15	127,935	46,424	46,424	11,942	11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21		** - Please note that the 15 subunits that are being allocated among include a facility in Swansea, IL. This facility was managed from								21
22		7/1/13 thru 3/31/14. The facility units used for the Swansea facility was based on the census through 3/31/14. The Swansea facility								22
23		is not a related party.								23
24										24
25	TOTALS					\$ 1,834,563	\$ 1,501,974		\$ 171,250	25

Facility Name & ID Number Rosewood Care Ctr of Alton

0049288

Report Period Beginning:

07/01/2013

Ending: 6/30/2014

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

Name of Related Organization Midwest Administrative Services, Inc.
 Street Address 11701 Borman Drive, Suite 315
 City / State / Zip Code St. Louis, MO 63146
 Phone Number (314) 994-9070
 Fax Number (314) 994-9912

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5**	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	1	Dietary	497,328	15	24,339	24,339	46,424	\$ 2,272	1	
2	2	Food	497,328	15	417		46,424	39	2	
3	5	Utilities	497,328	15	2,858		46,424	267	3	
4	6	Maintenance	497,328	15	2,125		46,424	198	4	
5	7	Mgmt. Allocation of Benefits	497,328	15	2,750		46,424	257	5	
6	10	Nursing and Medical Records	497,328	15	61,958	61,958	46,424	5,784	6	
7	15	Mgmt. Allocation of Benefits	497,328	15	6,997		46,424	653	7	
8	17	Administrative	497,328	15	30,003	30,003	46,424	2,801	8	
9	19	Professional Services	497,328	15	118,742		46,424	11,084	9	
10	20	Dues, Fees, Subs & Promotions	497,328	15	20,968		46,424	1,957	10	
11	21	Clerical and General Office	497,328	15	1,344,593	1,045,674	46,424	125,506	11	
12	24	Travel and Seminar	497,328	15	40,571		46,424	3,787	12	
13	25	Other Admin. Staff Transport.	497,328	15	17,516		46,424	1,635	13	
14	26	Insurance-Prop./Liab./Malprac.	497,328	15	27,838		46,424	2,599	14	
15	27	Mgmt. Allocation of Benefits	497,328	15	121,473		46,424	11,339	15	
16	30	Depreciation	497,328	15	93,160		46,424	8,696	16	
17	32	Interest	497,328	15	6,702		46,424	626	17	
18	34	Rent-Facility and Grounds	497,328	15	83,780		46,424	7,821	18	
19	35	Rent-Equipment & Vehicles	497,328	15	17,213		46,424	1,607	19	
20									20	
21		** - Please note that the 15 subunits that are being allocated among include a facility in Swansea, IL. This facility was managed from 7/1/13 thru 3/31/14. The facility units used for the Swansea facility was based on the census through 3/31/14. The Swansea facility is not a related party.								21
22									22	
23									23	
24									24	
25	TOTALS				\$ 2,024,003	\$ 1,161,974		\$ 188,928	25	

Facility Name & ID Number Rosewood Care Ctr of Alton

0049288

Report Period Beginning:

07/01/2013

Ending: 6/30/2014

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

Name of Related Organization Claims Administration Services, LLC
 Street Address 11701 Borman Drive, Suite 315
 City / State / Zip Code St. Louis, MO 63146
 Phone Number (314) 994-9070
 Fax Number (314) 994-9912

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5** Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6		
1	19	Professional Services	Weighted Census/Direct Exp 497,328	15	\$ 38,020	\$	46,424	\$ 5,714	1	
2	20	Dues, Fees, Subs & Promotions	Weighted Census 497,328	15	3,789		46,424	354	2	
3	21	Clerical and General Office	Weighted Census 497,328	15	183,917	183,869	46,424	17,168	3	
4	24	Travel and Seminar	Weighted Census 497,328	15	1,515		46,424	141	4	
5	25	Other Admin. Staff Transport.	Weighted Census 497,328	15	3,685		46,424	344	5	
6	26	Insurance-Prop./Liab./Malprac.	Weighted Census 497,328	15	1,930		46,424	180	6	
7	27	Mgmt. Allocation of Benefits	Weighted Census 497,328	15	17,550		46,424	1,638	7	
8	32	Interest	Weighted Census 497,328	15	957		46,424	89	8	
9									9	
10									10	
11									11	
12									12	
13									13	
14									14	
15									15	
16									16	
17									17	
18									18	
19									19	
20									20	
21		** - Please note that the 15 subunits that are being allocated among include a facility in Swansea, IL. This facility was managed from 7/1/13 thru 3/31/14. The facility units used for the Swansea facility was based on the census through 3/31/14. The Swansea facility is not a related party.								21
22										22
23										23
24										24
25	TOTALS					\$ 251,363	\$ 183,869		\$ 25,628	25

Facility Name & ID Number Rosewood Care Ctr of Alton

0049288

Report Period Beginning:

07/01/2013

Ending: 6/30/2014

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

Name of Related Organization Senior Living Services, Inc.
 Street Address 11701 Borman Drive, Suite 315
 City / State / Zip Code St. Louis, MO 63146
 Phone Number (314) 994-9070
 Fax Number (314) 994-9912

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5**	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	5	Utilities	Weighted Census	497,328	15	\$ 320	\$ 46,424	\$ 30	1	
2	6	Maintenance	Weighted Census/Direct Exp	497,328	15	998,295	573,323	46,424	97,202	2
3	7	Mgmt. Allocation of Benefits	Weighted Census	497,328	15	62,296	46,424	46,424	5,815	3
4	20	Dues, Fees, Subs & Promotions	Weighted Census	497,328	15	120	46,424	46,424	11	4
5	21	Clerical and General Office	Weighted Census	497,328	15	9,566	46,424	46,424	893	5
6	24	Travel and Seminar	Weighted Census	497,328	15	23,651	46,424	46,424	2,208	6
7	25	Other Admin. Staff Transport.	Weighted Census	497,328	15	51,467	46,424	46,424	4,804	7
8	26	Insurance-Prop./Liab./Malprac.	Weighted Census	497,328	15	14,825	46,424	46,424	1,384	8
9	30	Depreciation	Weighted Census	497,328	15	15,975	46,424	46,424	1,491	9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21		** - Please note that the 15 subunits that are being allocated among include a facility in Swansea, IL. This facility was managed from								21
22		7/1/13 thru 3/31/14. The facility units used for the Swansea facility was based on the census through 3/31/14. The Swansea facility								22
23		is not a related party.								23
24										24
25	TOTALS					\$ 1,176,515	\$ 573,323	\$	113,838	25

Facility Name & ID Number Rosewood Care Ctr of Alton

0049288

Report Period Beginning:

07/01/2013

Ending: 6/30/2014

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

Name of Related Organization Bravo Holding Company
 Street Address 11701 Borman Drive, Suite 315
 City / State / Zip Code St. Louis, MO 63146
 Phone Number (314) 994-9070
 Fax Number (314) 994-9912

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5**	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	19	Professional Services	Weighted Census	497,328	15	\$ 1,400,742	\$ 46,424	\$ 130,755	1
2	21	Clerical and General Office	Weighted Census	497,328	15	6,337	46,424	592	2
3	24	Travel and Seminar	Weighted Census	497,328	15	913	46,424	85	3
4	26	Insurance-Prop./Liab./Malprac.	Weighted Census	497,328	15	6,835	46,424	638	4
5	32	Interest	Weighted Census	497,328	15	235,278	46,424	21,962	5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21	** - Please note that the 15 subunits that are being allocated among include a facility in Swansea, IL. This facility was managed from 7/1/13 thru 3/31/14. The facility units used for the Swansea facility was based on the census through 3/31/14. The Swansea facility is not a related party.								
22									
23									
24									
25	TOTALS					\$ 1,650,105	\$	\$ 154,032	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1	Name of Lender	2		3	4	5	6		8	9	10					
		Related**					Monthly Payment Required	Date of Note				Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO									Original	Balance			
A. Directly Facility Related																
Long-Term																
1	Berkadia		X	Mortgage	\$92,147.48	6/1/02	\$ 16,150,000	\$ 15,314,061	6/2035	0.0369	\$ 283,511					
2																
3																
4																
5																
Working Capital																
6	MidCap (Thru Allocation of		X	Revolving Line of Credit		8/1/09			12/31/14	5.0000	21,962					
7	Bravo Holding Co.)															
8																
9	TOTAL Facility Related				\$92,147.48		\$ 16,150,000	\$ 15,314,061			\$ 305,473					
B. Non-Facility Related*																
10							Less: Interest Income Offset				(15,372)					
11							Amortization Expense				3,678					
12							Allocated from Mgmt Co's				715					
13																
14	TOTAL Non-Facility Related						\$	\$			\$ (10,979)					
15	TOTALS (line 9+line14)						\$ 16,150,000	\$ 15,314,061			\$ 294,494					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 38,675 Line # 26

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

2013 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Rosewood Care Ctr of Alton COUNTY Madison
 FACILITY IDPH LICENSE NUMBER 0049288
 CONTACT PERSON REGARDING THIS REPORT Mary Offner
 TELEPHONE (314) 994-9070 FAX #: (314) 994-9912

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2013 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2013.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>23-2-02-31-00-000-049</u>	<u>Pebble Creek Outlot B</u>	\$ <u>144,995.12</u>	\$ <u>144,995.12</u>
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>144,995.12</u></u>	\$ <u><u>144,995.12</u></u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home.
(Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the original 2013 tax bills which were listed in Section A to this statement. Be sure to use the 2013 tax bill which is normally paid during 2014.

PLEASE NOTE: *Payment information from the Internet* or otherwise is *not considered acceptable tax bill documentation* . Facilities located in Cook County are required to provide copies of their original **second installment tax bill.**

Facility Name & ID Number Rosewood Care Ctr of Alton

0049288 Report Period Beginning:

07/01/2013 Ending:

06/30/2014

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 58,176 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 1

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO
 If so, please complete the following:

1. Total Amount Incurred: N/A 2. Number of Years Over Which it is Being Amortized: N/A
 3. Current Period Amortization: N/A 4. Dates Incurred: N/A

Nature of Costs:
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.		1	2	3	4	
		Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing Home</u>		<u>58,679</u>	<u>1988</u>	<u>\$ 277,647</u>	1
2	<u>60 Bed Addition</u>		<u>19,479</u>	<u>1998</u>		2
3	TOTALS		78,158		\$ 277,647	3

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	120	1989	1989	\$ 3,723,349	\$	40	\$ 48,143	\$ 48,143	\$ 2,415,567	4
5	60	1998	1998	2,613,133		40	35,146	35,146	1,159,723	5
6										6
7										7
8										8
Improvement Type**										
9	Building Improvements - Real Estate Entity									9
10										10
11	Walk-in Cooler		1989	5,438		10			5,438	11
12	Sinks		1989	3,528		10			3,528	12
13	Exhaust Hood		1989	4,609		10			4,609	13
14	Fire System		1989	1,198		10			1,198	14
15	Sign		1989	5,178		10			5,178	15
16	Telephone System		1989	7,836		10			7,836	16
17	Cubicle Curtain Track		1989	8,673		10			8,673	17
18	10 Basboard Heaters		1989	2,106		10			2,106	18
19	Generator		1989	14,857		10			14,857	19
20	Carpet		1989	9,170		10			9,170	20
21	Heating and A/C Modification		1990	2,786		10			2,786	21
22	Fence		1990	3,627		25	73	73	3,446	22
23	Service Door		1991	3,150		10			3,150	23
24	Lawn Sprinkler		1992	14,401		25	288	288	12,529	24
25	General Site Work		1992	27,500		25	550	550	23,925	25
26	Wallpaper		2002	7,903		10			7,903	26
27	Shingle Roof Replacement		2004	85,902		40	1,074	1,074	20,939	27
28	Water Heater		2004	3,100		10	155	155	3,023	28
29	Water Heater		2005	2,789		10	140	140	2,440	29
30	Parking Lot Improvements		2006	5,865		25	118	118	1,975	30
31	Patient Room Sinks		2006	5,415		10	271	271	4,467	31
32	Cooling Tower		2006	24,532		10	1,227	1,227	20,443	32
33	Heat Pumps		2006	13,231		10	662	662	11,026	33
34	Satellite System		2006	9,002		10	450	450	7,501	34
35										35
36										36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total

Facility Name & ID Number Rosewood Care Ctr of Alton

0049288

Report Period Beginning:

07/01/2013

Ending:

06/30/2014

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Building Improvements - Real Estate Entity, continued		\$	\$		\$	\$	\$	37
38									38
39	Boiler	2008	27,437		10	1,372	1,372	15,319	39
40	Sidewalks	2008	1,498		25	30	30	349	40
41	Parking Lot Improvements	2009	5,385		25	108	108	1,167	41
42	Shower Tile	2009	5,779		10	289	289	2,793	42
43	Mcquay Heat Pumps	2009	37,963		10	1,898	1,898	17,716	43
44	Boiler	2009	4,109		10	206	206	2,020	44
45	Sidewalk	2010	2,725		25	55	55	472	45
46	Overlay Parking Lot	2010	53,680		25	1,074	1,074	8,052	46
47	Sprinkler System	2010	7,996		10	400	400	2,865	47
48	Flooring - Dining Room	2010	8,255		40	103	103	808	48
49	Painting & Wallcovering - Dining Room	2010	11,552		40	145	145	1,131	49
50	Sprinkler System	2012	21,945		40	275	275	1,006	50
51	Replaced Backflows	2013	7,507		40	94	94	250	51
52	Sprinkler System	2013	21,885		40	274	274	655	52
53	Interior and Exterior Doors	2013	4,961		40	62	62	145	53
54	Water Heater	2013	3,583		40	45	45	105	54
55	Water Treatment	2013	3,089		40	39	39	90	55
56	Cooling Tower	2013	3,658		10	183	183	457	56
57	Window Panes and Screens	2013	3,596		40	45	45	97	57
58	Interior and Exterior Doors	2013	4,960		40	57	57	114	58
59	Sprinkler Work	2014	7,382		40	69	69	28	59
60	Firestopping	2014	4,455		40	14	14	28	60
61	Doors	2014	3,933		10	28	28	55	61
62	HVAC Work	2014	45,798		10	1,145	1,145	2,290	62
63	Hot Water Heater	2014	6,047		10	79	79	158	63
64	Hot Water Tank	2014	13,925			174	174	348	64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 6,931,381	\$		\$ 96,560	\$ 96,560	\$ 3,821,954	70

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number Rosewood Care Ctr of Alton

0049288

Report Period Beginning:

07/01/2013

Ending:

06/30/2014

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 6,931,381	\$		\$ 96,560	\$ 96,560	\$ 3,821,954	1
2									2
3	Leasehold Improvements - Operating Entity								3
4									4
5	Wallpaper & Chair Rail- Hallways	2012	4,070	407	10	407		814	5
6	Wallpaper-Accent Walls in Resident Rooms	2014	18,900	1,350	7	1,350		1,350	6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,954,351	\$ 1,757		\$ 98,317	\$ 96,560	\$ 3,824,118	34

**Improvement type must be detailed in order for the cost report to be considered complete

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 70,159	\$ 14,197	\$ 14,197	\$	5-10	\$ 16,194	71
72	Current Year Purchases	7,050	1,197	1,197		5-10	1,197	72
73	Fully Depreciated Assets							73
74	Allocated from Mgmt Co/Real Estate Entity	1,582,258		29,971	29,971	10	1,363,254	74
75	TOTALS	\$ 1,659,467	\$ 15,394	\$ 45,365	\$ 29,971		\$ 1,380,645	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 8,891,465	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 17,151	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 143,682	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 126,531	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,204,763	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	N/A	\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	N/A	\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>It is the policy of this facility to only hire certified nurses aides. If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

D. NUMBER OF CNAs TRAINED

COMPLETED		
1. From this facility		
2. From other facilities (f)		
DROP-OUTS		
1. From this facility		
2. From other facilities (f)		
TOTAL TRAINED		

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8		
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)			
			Units of Service			Units	Cost						
1	Licensed Occupational Therapist	10A(3)	hrs	\$	8,328	\$	364,976	\$	8,328	\$	364,976	1	
2	Licensed Speech and Language Development Therapist	10A(3)	hrs		2,767		114,662		2,767		114,662	2	
3	Licensed Recreational Therapist		hrs									3	
4	Licensed Physical Therapist	10A(2), 10A(3)	hrs		10,081		393,019		2,598	10,081	395,617	4	
5	Physician Care		visits									5	
6	Dental Care		visits									6	
7	Work Related Program		hrs									7	
8	Habilitation		hrs									8	
9	Pharmacy	39(2)	# of prescrpts						309,841		309,841	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10	
11	Academic Education		hrs									11	
12	Other (specify):											12	
13	Other (specify):											13	
14	TOTAL			\$	21,176	\$	872,657	\$	312,439	21,176	\$	1,185,096	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number Rosewood Care Ctr of Alton# 0049288Report Period Beginning: 07/01/2013Ending: 06/30/2014

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/2014

(last day of reporting year)

This report must be completed even if financial statements are attached.

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits	6,712	127,146	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>199,258</u>)	1,514,775	1,514,775	3
4	Supply Inventory (priced at <u>Cost</u>)	4,632	4,632	4
5	Short-Term Investments			5
6	Prepaid Insurance	14,054	17,391	6
7	Other Prepaid Expenses	5,152	5,152	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>R.E. tax refund & insurance ded</u>	30,686	45,212	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,576,011	\$ 1,714,308	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		277,647	13
14	Buildings, at Historical Cost		6,336,482	14
15	Leasehold Improvements, at Historical Cost	22,970	617,869	15
16	Equipment, at Historical Cost	77,209	1,659,467	16
17	Accumulated Depreciation (book methods)	(19,555)	(5,204,763)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		439,753	21
22	Other Long-Term Assets (spec <u>Loan Fees</u>)		233,547	22
23	Other(specify): <u>Deposits</u>	2,700	2,700	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 83,324	\$ 4,362,702	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,659,335	\$ 6,077,010	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 664,117	\$ 683,424	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	368,794	368,794	30
31	Accrued Taxes Payable (excluding real estate taxes)	44,976	44,976	31
32	Accrued Real Estate Taxes(Sch.IX-B)		245,767	32
33	Accrued Interest Payable		53,537	33
34	Deferred Compensation			34
35	Federal and State Income Taxes	14,853	45,613	35
Other Current Liabilities(specify):				
36	<u>Accrued Expenses</u>	276,364	287,511	36
37	<u>Accrued Rent</u>	357,964		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,727,068	\$ 1,729,622	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		15,314,061	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Due to Bravo Holding Company</u>	1,483,928	1,483,928	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,483,928	\$ 16,797,989	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,210,996	\$ 18,527,611	46
47	TOTAL EQUITY(page 18, line 24)	\$ (1,551,661)	\$ (12,450,601)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 1,659,335	\$ 6,077,010	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (1,546,193)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (1,546,193)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(5,468)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (5,468)	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (1,551,661)	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 12,069,790	1
2	Discounts and Allowances for all Levels	(2,387,994)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,681,796	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	277,478	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 277,478	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	3,600	13
14	Non-Patient Meals	2,231	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	50,740	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 56,571	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	15,247	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 15,247	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Attached Schedule</u>	5,419	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 5,419	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,036,511	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,487,494	31
32	Health Care	4,723,897	32
33	General Administration	1,371,185	33
B. Capital Expense			
34	Ownership	1,483,674	34
C. Ancillary Expense			
35	Special Cost Centers	646,052	35
36	Provider Participation Fee	329,677	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,041,979	40
41	Income before Income Taxes (line 30 minus line 40)**	(5,468)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (5,468)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 2,175,718	44
45	Private Pay - Net Inpatient Revenue	3,638,887	45
46	Medicare - Net Inpatient Revenue	3,379,791	46
47	Other-(specify) <u>Insurance</u>	487,400	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 9,681,796	49

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? Not Complete If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Rosewood Care Ctr of Alton

Period Beginning 07/01/2013

Period End 06/30/2014

Schedule 19A

Other Revenue:

Vending Income	1,534
Vendor Discount	2,320
Miscellaneous	1,565

Total Other Revenue	<u>5,419</u>
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Facility Name & ID Number Rosewood Care Ctr of Alton

0049288

Report Period Beginning: 07/01/2013

Ending: 06/30/2014

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,099	2,381	\$ 88,690	\$ 37.25	1
2	Assistant Director of Nursing	2,120	2,409	73,380	30.46	2
3	Registered Nurses	20,870	22,367	568,138	25.40	3
4	Licensed Practical Nurses	39,531	42,455	858,901	20.23	4
5	CNAs & Orderlies	130,426	137,788	1,410,633	10.24	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,042	2,250	25,327	11.26	8
9	Activity Director	2,153	2,420	40,229	16.62	9
10	Activity Assistants	4,099	4,497	45,910	10.21	10
11	Social Service Workers	4,207	4,404	51,145	11.61	11
12	Dietician					12
13	Food Service Supervisor	2,104	2,491	52,241	20.97	13
14	Head Cook	8,327	8,910	90,822	10.19	14
15	Cook Helpers/Assistants	14,099	14,964	120,819	8.07	15
16	Dishwashers					16
17	Maintenance Workers	2,360	2,587	38,091	14.72	17
18	Housekeepers	23,109	24,662	217,407	8.82	18
19	Laundry	6,344	6,787	77,275	11.39	19
20	Administrator	2,080	2,316	70,884	30.61	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	8,271	8,815	81,000	9.19	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	4,066	4,542	56,704	12.48	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Sch 20A</u>	14,706	16,081	364,526	22.67	33
34	TOTAL (lines 1 - 33)	293,013	313,126	\$ 4,332,122 *	\$ 13.84	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	Monthly	\$ 7,826	L1, C3	35
36	Medical Director	Monthly	15,630	L9, C3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	6,489	L10, C3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	2,400	L11, C3	44
45	Social Service Consultant	Monthly	2,400	L12, C3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 34,745		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	101	\$ 4,246	L10, C3	50
51	Licensed Practical Nurses	870	28,504	L10, C3	51
52	Certified Nurse Assistants/Aides	1,318	27,028	L10, C3	52
53	TOTAL (lines 50 - 52)	2,289	\$ 59,778		53

Rosewood Care Ctr of Alton

Period Beginning 07/01/2013
Period End 06/30/2014

Schedule 20A

XVIII. Staffing and Salary Costs

	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage
Care Plan Nurse	2,165	2,437	69,744	28.62
Case Manager	3,062	3,406	92,167	27.06
Rehabilitation Nurse	3,422	3,631	86,681	23.87
Ward Clerk	2,086	2,356	47,809	20.29
Marketing	3,971	4,251	68,125	16.03
TOTAL	<u>14,706</u>	<u>16,081</u>	<u>364,526</u>	

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Kim Cornell	Administrator	0	\$ 70,884	Workers' Compensation Insurance	\$ 115,204	IDPH License Fee	\$	
				Unemployment Compensation Insurance	101,415	Advertising: Employee Recruitment	1,757	
				FICA Taxes	323,028	Health Care Worker Background Check		
				Employee Health Insurance	62,002	(Indicate # of checks performed)		
				Employee Meals		Patient Background Checks	391 3,915	
				Illinois Municipal Retirement Fund (IMRF)*		Misc. Dues/Subscriptions/Fees	779	
				Employee Relations	1,658	Rosewood License Fee	1,500	
				Employee Uniforms	1,666	IHCA Dues	6,348	
				Employee Physicals	2,646	Misc. Licenses and Fees	1,777	
				Employee Drug Tests	800	Home Office Allocation	2,336	
						Less: Public Relations Expense	(382)	
						Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)						TOTAL (agree to Sch. V, line 20, col. 8)		
					\$ 70,884			
B. Administrative - Other				TOTAL (agree to Schedule V, line 22, col.8)			\$ 608,419	
Description				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Amount				Description	Line #	Amount	Description	Amount
Mgmt Fees-Bravo Nursing Home Svc-See Page 6, Elimon P 3, C 7							Out-of-State Travel	\$
\$ 138,000				N/A				
Mgmt Fees-Midwest Admin Svc-See Page 6, Elimon P 3, C 7							In-State Travel	
from 1/1/14-6/30/14 (post-acquisition)							Home Office Allocation	8,527
158,795								
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)							Seminar Expense	320
\$ 296,795							Entertainment Expense	()
				TOTAL			(agree to Sch. V, line 24, col. 8)	
C. Professional Services							TOTAL	
Vendor/Payee	Type		Amount				\$ 8,847	
Hochschild, Bloom & Company	Accountant/Consultant		\$ 3,394					
Midwest Administrative Services	Administrative/Bookkeeping		142,019					
Claims Administration Services, Inc.	Related Party Legal Fees		1,988					
Daniel Maher	Legal Fees		4,950					
Steven Hamburg P.C.	Legal Fees		330					
Hamlin & Burton Liability Manager	Insurance Consultant		3,000					
Healthcare Horizons	IDPH Consulting		1,135					
Senior Care Capital	Closing Fees		7,500					
Becker, Paulson, Horner and Thomp	Legal Fees		969					
Various	Various below \$200		300					
Various	Deposition/Witness/Court Costs		6,995					
Various	Medical Records Review		4,143					
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)								
\$ 176,723								

* Attach copy of IMRF notifications

**See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2	N/A											
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Rosewood Care Ctr of Alton

0049288

Report Period Beginning: 07/01/2013 Ending: 06/30/2014

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. 6,348 IHCA
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 5 Yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 79,844 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 329,677
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 3,765
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? N/A
- d. Have vehicle usage logs been maintained? N/A
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
- g. Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees.