

		FOR BHF USE			

LL2

Supportive Living Facility

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

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN SECTION 146.265 OF THE 89 IL ADMIN CODE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS.

<p>I. Facility ID Number: <u>1000080</u></p> <p>Facility Name: <u>Foxes Grove Supportive Living Community</u></p> <hr/> <p>Address: <u>395 Edwardsville Rd</u> <u>Wood River</u> <u>62095</u></p> <p align="center">Number City Zip Code</p> <p>County: <u>Madison</u></p> <p>Telephone Number: (<u>618</u>) <u>259-0851</u> Fax # (<u>618</u>) <u>259-0854</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>7/1/08</u></p> <p>Type of Ownership:</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>IRS Exemption Code _____</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>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.	_____		<input type="checkbox"/> Limited Liability Co.	_____		<input type="checkbox"/> Trust			<input type="checkbox"/> Other	_____	<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>7/1/2010</u> to <u>6/30/2011</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) _____</td> <td></td> </tr> <tr> <td></td> <td>(Title) _____</td> <td></td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) See Accountant's Compilation Report</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) <u>Cindy A. Tefteller</u></td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) <u>C.J. Schlosser & Company, L.L.C.</u> <u>233 E. Center Drive, Alton, IL 62002</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) <u>(618) 465-7717</u> Fax <u>(618)465-7710</u></td> <td></td> </tr> </table>	Officer or Administrator of Provider	(Signed) _____	(Date) _____		(Type or Print Name) _____			(Title) _____		Paid Preparer	(Signed) See Accountant's Compilation Report	(Date) _____		(Print Name and Title) <u>Cindy A. Tefteller</u>			(Firm Name & Address) <u>C.J. Schlosser & Company, L.L.C.</u> <u>233 E. Center Drive, Alton, IL 62002</u>			(Telephone) <u>(618) 465-7717</u> Fax <u>(618)465-7710</u>	
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<p>In the event there are further questions about this report, please contact:</p> <p>Name: <u>Cindy A. Tefteller</u> Telephone Number: <u>(618) 465-7717</u></p> <p>Email Address: _____</p>		<p>MAIL TO: BUREAU OF HEALTH FINANCE IL DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001</p> <p align="right">Phone # (217) 782-1630</p>																																												

Facility Name Foxes Grove Supportive Living Community

Report Period Beginning: 7/1/2010 Ending: 6/30/2011

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units / /

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	83	Single Unit Apartment	83	30,295	1
2	11	Double Unit Apartment	11	4,015	2
3		Other		4,015	3
4	94	TOTALS	94	38,325	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	15,873	17,433		33,306	5
6	Double Unit					6
7	Other					7
8	TOTALS	15,873	17,433		33,306	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 86.90%

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: 6/30/2011 Fiscal Year: 6/30/2011

* 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:

7/1/2010

Ending: 6/30/2011

IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
A. General Services								
1	Dietary and Food Purchase	213,244	201,973	1,368	416,585	(886)	415,699	1
2	Housekeeping, Laundry and Maintenance	110,343	33,929	128,542	272,814	(20,643)	252,171	2
3	Heat and Other Utilities			138,689	138,689		138,689	3
4	Other (specify): Garbage Collection			6,228	6,228		6,228	4
5	TOTAL General Services	323,587	235,902	274,827	834,316	(21,529)	812,787	5
B. Health Care and Programs								
6	Health Care/ Personal Care	398,969	2,066		401,035	15,077	416,112	6
7	Activities and Social Services		11,694	484	12,178		12,178	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	398,969	13,760	484	413,213	15,077	428,290	9
C. General Administration								
10	Administrative and Clerical	137,495	6,898	126,229	270,622	(770)	269,852	10
11	Marketing Materials, Promotions and Advertising			5,768	5,768		5,768	11
12	Employee Benefits and Payroll Taxes			113,737	113,737	7,203	120,940	12
13	Insurance-Property, Liability and Malpractice			29,625	29,625	637	30,262	13
14	Other (specify):							14
15	TOTAL General Administration	137,495	6,898	275,359	419,752	7,070	426,822	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	860,051	256,560	550,670	1,667,281	618	1,667,899	16
Capital Expenses								
D. Ownership								
17	Depreciation			6,665	6,665	1,107	7,772	17
18	Interest			148	148	(148)		18
19	Real Estate Taxes			40,669	40,669		40,669	19
20	Rent -- Facility and Grounds			996,881	996,881		996,881	20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			1,044,363	1,044,363	959	1,045,322	23
24	GRAND TOTAL (Sum of lines 16 and 23)	860,051	256,560	1,595,033	2,711,644	1,577	2,713,221	24

Facility Name: Foxes Grove Supportive Living Community

Report Period Beginning: 7/1/2010

Ending:

6/30/2011

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 30.00	1
2	Licensed Practical Nurses	3	19.38	2
3	Certified Nurse Assistants	10	9.73	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	1	14.20	6
7	Cook Helpers/Assistants	10	8.81	7
8	Dishwashers			8
9	Maintenance Workers	3	9.44	9
10	Housekeepers	3	8.51	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1	29.77	13
14	Clerical	3	11.51	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	35	\$ 11.62	17

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1	Michael Brady Administrative	0	1.48	\$ 4,155	1
2					2
3					3
4					4
5					5
				Total	\$ 4155 6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	Section Not Applicable	\$ 1
2		2
Total		\$ 3

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES

Name	1	City	2
See Attached			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
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:

7/1/2010

Ending:

6/30/2011

VIII. OWNERSHIP COSTS

A. Purchase price of land _____ Year land was acquired _____

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar.

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

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1					\$	\$		\$	\$	\$	1
2											2
3											3
4											4
5											5
	Improvement Type										
6											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)				\$	\$		\$	\$	\$	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	32,481	6,665	7,772	1,107	4 Yrs	22,661	19
20	TOTAL (lines 18 and 19)	\$ 32,481	\$ 6,665	\$ 7,772	1,107		\$ 22,661	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: 7/1/2010

Ending: 6/30/2011

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	7/1/08	\$ 996,881	2	Unlimited	3
4	Additions	1990	48	/ /				4
5				/ /				5
6				/ /				6
7	TOTAL		94		\$ 996,881			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	
					Original	Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
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								
A. Directly Facility Related										
Long-Term										
1				/ /	\$	\$	/ /		\$	1
2				/ /			/ /			2
3				/ /			/ /			3
Working Capital										
4	Related Party Allocation-Bravo Holding Co		Revolving Line of Credit	8/1/09			12/31/14	5.0000	7,160	4
5	Add: Miscellaneous Interest			/ /			/ /		148	5
6	Less: Interest Income Offset			/ /			/ /		-7,308	6
7	TOTAL Facility Related				\$	\$			\$	7
B. Non-Facility Related										
8				/ /			/ /			8
9				/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)				\$	\$			\$	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: **7/1/2010**

Ending:

6/30/2011**XI. BALANCE SHEET - Unrestricted Operating Fund.**As of 6/30/2011

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 196,178	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>5,000</u>)	(21,178)		3
4	Supply Inventory (priced <u>Cost</u>)	5,876		4
5	Short-Term Investments			5
6	Prepaid Insurance	22,714		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	394,495		8
9	Other(specify): <u>Deposits</u>	234		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 598,319	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	26,660		16
17	Accumulated Depreciation (book methods)	(18,477)		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	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,683	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 607,002	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 25,112	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	59,000		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	64,629		30
31	Accrued Taxes Payable	96,169		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes	29,378		34
	Other Current Liabilities(specify):			
35	<u>Accrued Expenses</u>	13,541		35
36	<u>Accrued Rent</u>	57,490		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 345,319	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 345,319	\$	45
46	TOTAL EQUITY	\$ 261,683	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 607,002	\$	47

*(See instructions.)

Facility Name: Foxes Grove Supportive Living Community

Report Period Beginning: 7/1/2010

Ending:

6/30/2011

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

	1	Amount	
	Revenue		
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 2,878,673	1
2	Discounts and Allowances	27,252	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,905,925	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop	285	7
8	Barber and Beauty Care	3,300	8
9	Non-Resident Meals	5,292	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 8,877	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	13,451	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 13,451	14
	D. Other Revenue (specify):		
15	Miscellaneous	1,416	15
16	Application Fee Income	2,700	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 4,116	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,932,369	18

	2	Amount	
	Expenses		
	A. Operating Expenses		
19	General Services	834,316	19
20	Health Care/ Personal Care	413,213	20
21	General Administration	419,752	21
	B. Capital Expense		
22	Ownership	1,044,363	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 2,711,644	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 220,725	29
30	Income Taxes	\$ 29,378	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 191,347	31

Foxes Grove Supportive Living Community
Attachment to Schedule VII
6/30/2011

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 Therapy Services, Inc.	Therapy Co.
Bravo Team Health, Inc.	Human Resources Co.

Senior Living Services
Construction and Building Services Allocation
6/30/2011

	Per SLS T/B Base Fees	518,250.65		Total Line 2	78,762.40	48,001.53	10,962.54	33,552.96
		Pooled Line 2	Direct Line 2		Pooled Line 10	Pooled Line 12	Pooled Line 13	Pooled Line 17
Alton	135,698.31	34,010.30	38,103.23	72,113.53	5,168.79	3,150.11	719.42	2,201.92
East Peoria	99,965.42	25,054.50	31,394.95	56,449.45	3,807.72	2,320.60	529.98	1,622.10
Edwardsville	172,445.98	43,220.43	38,666.78	81,887.21	6,568.53	4,003.17	914.24	2,798.21
Elgin	142,470.69	35,707.67	45,976.28	81,683.95	5,426.77	3,307.32	755.32	2,311.81
Galesburg	96,904.48	24,287.33	565.35	24,852.68	3,691.13	2,249.55	513.75	1,572.43
Inverness	207,722.21	52,061.77	57,545.33	109,607.10	7,912.22	4,822.08	1,101.26	3,370.62
Joliet	148,854.84	37,307.74	48,704.42	86,012.16	5,669.94	3,455.53	789.17	2,415.40
Moline	103,910.15	26,043.18	39,619.85	65,663.03	3,957.97	2,412.18	550.89	1,686.11
Northbrook	209,858.42	52,597.17	47,440.59	100,037.76	7,993.58	4,871.67	1,112.59	3,405.28
Peoria	123,902.04	31,053.78	48,556.64	79,610.42	4,719.48	2,876.27	656.88	2,010.51
Rockford	96,691.96	24,234.07	16,371.55	40,605.62	3,683.03	2,244.61	512.62	1,568.98
St. Charles	178,104.86	44,638.72	53,326.76	97,965.48	6,784.08	4,134.54	944.24	2,890.03
St. Louis	135,582.76	33,981.34	36,335.43	70,316.77	5,164.39	3,147.43	718.81	2,200.04
Swansea	147,452.78	36,956.34	1,591.56	38,547.90	5,616.52	3,422.98	781.74	2,392.65
Wood River	68,212.82	17,096.30	27,512.66	44,608.96	2,598.25	1,583.50	361.64	1,106.86
	2,067,777.72	518,250.64	531,711.38	1,049,962.02	78,762.40	48,001.54	10,962.55	33,552.95

Bravo Holding Company
Related Party Allocation
6/30/2011

	Total Facility Costs	73,495.03		4,821.17	289,577.55
		Pooled Line 10	Pooled Line 13	Pooled Line 18	
Alton	8,361,785	5,733.99	376.14	22,592.50	
East Peoria	6,353,148	4,356.60	285.79	17,165.41	
Edwardsville	7,274,484	4,988.40	327.23	19,654.75	
Elgin	8,831,447	6,056.06	397.27	23,861.47	
Galesburg	5,530,661	3,792.58	248.79	14,943.16	
Inverness	8,936,075	6,127.81	401.98	24,144.16	
Joliet	8,683,306	5,954.47	390.61	23,461.21	
Moline	6,124,586	4,199.86	275.51	16,547.87	
Northbrook	9,310,414	6,384.51	418.81	25,155.58	
Peoria	7,351,647	5,041.30	330.70	19,863.23	
Rockford	6,964,466	4,775.80	313.29	18,817.12	
St. Charles	6,540,656	4,485.18	294.22	17,672.04	
St. Louis	5,464,019	3,746.88	245.79	14,763.10	
Swansea	8,799,907	6,034.43	395.85	23,776.25	
Wood River	2,649,905	1,817.14	119.20	7,159.71	
	107,176,506	73,495.01	4,821.18	289,577.56	

Facility	BRAVO	BRAVO	BRAVO	BRAVO	BRAVO	BRAVO	BRAVO	BRAVO	BRAVO	BRAVO	BRAVO	BRAVO	BRAVO	RCC	BRAVO	
Total Cost	Alton	East Peoria	Edwardsville	Elgin	Galesburg	Inverness	Joliet	Moline	Northbrook	Peoria	Rockford	St. Charles	St. Louis	Swansea	Wood River	
	8,361,785	6,353,148	7,274,484	8,831,447	5,530,661	8,936,075	8,683,306	6,124,586	9,310,414	7,351,647	6,964,466	6,540,656	5,464,019	8,799,907	2,649,905	
its:																
Nursing & Medical Records	498,142	38,864	29,529	33,811	41,047	25,706	41,534	40,359	28,466	43,274	34,169	32,370	30,400	25,396	40,901	12,316
Therapy	111,686	8,714	6,620	7,581	9,203	5,763	9,312	9,049	6,382	9,702	7,661	7,257	6,816	5,694	9,170	2,761
Professional Services	4,531	354	269	308	373	234	378	367	259	394	311	294	277	231	372	112
Dues & Subscriptions	777	61	46	53	64	40	65	63	44	67	53	50	47	40	64	19
Salaries - Other	674,650	52,635	39,992	45,791	55,592	34,814	56,250	54,659	38,553	58,607	46,277	43,840	41,172	34,395	55,393	16,681
Taxes, Licenses & Ofc Sup	2,803	219	166	190	231	145	234	227	160	243	192	182	171	143	230	69
Telephone	10,343	807	613	702	852	534	862	838	591	898	709	672	631	527	849	256
Payroll Taxes	93,441	7,290	5,539	6,342	7,700	4,822	7,791	7,570	5,340	8,117	6,409	6,072	5,702	4,764	7,672	2,310
Employee Benefits	133,835	10,442	7,933	9,084	11,028	6,906	11,159	10,843	7,648	11,626	9,180	8,697	8,168	6,823	10,989	3,309
Travel & Seminar	29,046	2,266	1,722	1,971	2,393	1,499	2,422	2,353	1,660	2,523	1,992	1,887	1,773	1,481	2,385	718
Other Admin Staff Transp	38,835	3,030	2,302	2,636	3,200	2,004	3,238	3,146	2,219	3,374	2,664	2,524	2,370	1,980	3,189	960
Insurance	6,296	491	373	427	519	325	525	510	360	547	432	409	384	321	517	156
Total Pooled Costs	1,604,385	125,173	95,104	108,896	132,202	82,792	133,770	129,984	91,682	139,372	110,049	104,254	97,911	81,795	131,731	39,667
Total Direct Costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
y Home Office Costs	1,604,385	125,173	95,104	108,896	132,202	82,792	133,770	129,984	91,682	139,372	110,049	104,254	97,911	81,795	131,731	39,667
Grand Total	687,796	53,661	40,771	46,683	56,675	35,493	57,346	55,724	39,304	59,748	47,178	44,694	41,974	35,065	56,472	17,006
Grand Total	227,276	17,732	13,472	15,426	18,728	11,728	18,950	18,413	12,988	19,743	15,589	14,769	13,870	11,587	18,661	5,619

FOXES GROVE SUPPORTIVE LIVING COMMUNITY
ADJUSTMENTS
6/30/11

DESCRIPTION	SCHED V LINE #	INCREASE (DECREASE)
RELATED PARTY MANAGEMENT FEES	10	(24,000)
HEALTH CARE/PERSONAL CARE	6	15,077
ADMINISTRATIVE AND CLERICAL COSTS	10	18,815
EMPLOYEE BENEFITS AND PAYROLL TAXES	12	5,619
INSURANCE	13	156
TO REMOVE RELATED PARTY CHARGE FOR MANAGEMENT FEES AND ADD THE ACTUAL COST OF SERVICES		
RELATED PARTY BUILDING SERVICE FEES	2	(65,252)
BUILDING SERVICE COSTS	2	44,609
ADMINISTRATIVE AND GENERAL COSTS	10	2,598
EMPLOYEE BENEFITS AND PAYROLL TAXES	12	1,584
INSURANCE	13	362
DEPRECIATION	17	1,107
TO REMOVE RELATED PARTY BUILDING SERVICES CHARGE AND ADD THE ACTUAL COST OF SERVICES		
ADMINISTRATIVE AND GENERAL COSTS	10	1,817
INSURANCE	13	119
INTEREST	18	7,160
TO ADD ACTUAL COSTS OF RELATED PARTY SERVICES		
INTEREST		
TO OFFSET INTEREST INCOME	18	(7,308)
DIETARY AND FOOD PURCHASE		
TO OFFSET VENDOR DISCOUNT	1	(886)
TOTAL SCHEDULE VI LINE 30		1,577