

Facility Name Foxes Grove Supportive Living Community

Report Period Beginning: 7/1/08 Ending: 6/30/09

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	9,152	24,722		33,874	5
6	Double Unit					6
7	Other					7
8	TOTALS	9,152	24,722		33,874	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 88.39%

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: 6/30/09 Fiscal Year: 6/30/09

* 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? NA

If no, explain. N/A

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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	186,235	196,844	1,260	384,339		384,339	1
2	Housekeeping, Laundry and Maintenance	108,838	36,328	168,344	313,510	(11,086)	302,424	2
3	Heat and Other Utilities			134,050	134,050		134,050	3
4	Other (specify): Garbage Collection			5,160	5,160		5,160	4
5	TOTAL General Services	295,073	233,172	308,814	837,059	(11,086)	825,973	5
B. Health Care and Programs								
6	Health Care/ Personal Care	372,336	1,310	25	373,671		373,671	6
7	Activities and Social Services		14,140	566	14,706		14,706	7
8	Other (specify): Beauty & Barber Expense			37	37		37	8
9	TOTAL Health Care and Programs	372,336	15,450	628	388,414		388,414	9
C. General Administration								
10	Administrative and Clerical	134,239	6,261	115,548	256,048	20,622	276,670	10
11	Marketing Materials, Promotions and Advertising			5,827	5,827		5,827	11
12	Employee Benefits and Payroll Taxes			119,384	119,384	9,255	128,639	12
13	Insurance-Property, Liability and Malpractice			17,320	17,320	1,159	18,479	13
14	Other (specify):							14
15	TOTAL General Administration	134,239	6,261	258,079	398,579	31,036	429,615	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	801,648	254,883	567,521	1,624,052	19,950	1,644,002	16
Capital Expenses								
D. Ownership								
17	Depreciation			8,618	8,618	1,463	10,081	17
18	Interest			229	229		229	18
19	Real Estate Taxes			133,223	133,223		133,223	19
20	Rent -- Facility and Grounds			898,378	898,378		898,378	20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			1,040,448	1,040,448	1,463	1,041,911	23
24	GRAND TOTAL (Sum of lines 16 and 23)	801,648	254,883	1,607,969	2,664,500	21,413	2,685,913	24

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 28.04	1
2	Licensed Practical Nurses	3	18.75	2
3	Certified Nurse Assistants	10	9.53	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	1	13.59	6
7	Cook Helpers/Assistants	9	8.29	7
8	Dishwashers			8
9	Maintenance Workers	3	8.72	9
10	Housekeepers	3	8.56	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1	28.22	13
14	Clerical	4	9.61	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	35	\$ 11.09	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	2	\$ 4,589	1	
2					2	
3					3	
4					4	
5					5	
				Total	\$ 4589	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).

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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	33,874	6,059	7,522	1,463	4 Yrs	7,946	19
20	TOTAL (lines 18 and 19)	\$ 33,874	\$ 6,059	\$ 7,522	1,463		\$ 7,946	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

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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	\$ 898,378	2	Unlimited	3
4	Additions	1990	48	/ /				4
5				/ /				5
6				/ /				6
7	TOTAL		94		\$ 898,378			7

8. Is movable equipment rental included in building rental?

YES NO

9. Rental amount for movable equipment \$ Not Specified

10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

X. INTEREST EXPENSE

	1	2	3	4	6	7	8	9		
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense
		YES	NO			Original	Balance			
	A. Directly Facility Related									
	Long-Term									
1	Schedule Not Applicable				/ /	\$	\$	/ /		\$
2					/ /			/ /		
3					/ /			/ /		
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$	\$			\$
	B. Non-Facility Related									
8					/ /			/ /		
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$	\$			\$

* 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.

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Report Period Beginning: **7/1/08**

Ending:

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XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 6/30/09

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 74,885	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 5,000)	192,155		3
4	Supply Inventory (priced at Cost)	5,380		4
5	Short-Term Investments			5
6	Prepaid Insurance	8,694		6
7	Other Prepaid Expenses	26,162		7
8	Accounts Receivable (owners or related parties)	5,471		8
9	Other(specify): <u>Deposits</u>	234		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 312,981	\$	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)	(5,147)		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)	\$ 22,013	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 334,994	\$	25

		1	2	
		Operating	After	
			Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 25,912	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	64,000		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	57,335		30
31	Accrued Taxes Payable	139,305		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
Other Current Liabilities(specify):				
35	<u>Accrued Expenses</u>	3,269		35
36	<u>Accrued Rent</u>	9,428		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 299,249	\$	37
D. Long-Term Liabilities				
38	Long-Term Notes Payable	9,935		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)	\$ 9,935	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 309,184	\$	45
46	TOTAL EQUITY	\$ 25,810	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 334,994	\$	47

*(See instructions.)

Facility Name: Foxes Grove Supportive Living Community

Report Period Beginning: 7/1/08

Ending:

6/30/09

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

	Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 2,682,779	1
2	Discounts and Allowances	(6,849)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,675,930	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop	392	7
8	Barber and Beauty Care	3,600	8
9	Non-Resident Meals	5,686	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 9,678	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	248	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 248	14
	D. Other Revenue (specify):		
15	Miscellaneous	404	15
16	Application Fee Income	3,550	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 3,954	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,689,810	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	837,059	19
20	Health Care/ Personal Care	388,414	20
21	General Administration	398,579	21
	B. Capital Expense		
22	Ownership	1,040,448	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)	\$ 2,664,500	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 25,310	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 25,310	31

Foxes Grove Supportive Living Community
Attachment to Schedule VII
6/30/2009

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
6/30/2009

	Per SLS T/B	569,996.67			83,215.91	72,418.91	11,715.37	33,540.89
	Base	Pooled	Direct	Total	Pooled	Pooled	Pooled	Pooled
	Fees	Line 2	Line 2	Line 2	Line 10	Line 12	Line 13	Line 17
Alton	69,990.23	40,876.28	3,604.32	44,480.60	5,967.68	5,193.39	840.15	2,405.32
East Peoria	90,177.44	52,666.18	1,675.18	54,341.36	7,688.93	6,691.31	1,082.47	3,099.09
Edwardsville	55,385.41	32,346.65	2,053.05	34,399.70	4,722.41	4,109.69	664.83	1,903.41
Elgin	78,405.49	45,791.03	3,008.57	48,799.60	6,685.20	5,817.82	941.16	2,694.53
Galesburg	46,759.51	27,308.88	2,308.94	29,617.82	3,986.92	3,469.63	561.29	1,606.96
Inverness	108,012.15	63,082.15	9,048.36	72,130.51	9,209.60	8,014.68	1,296.55	3,712.01
Joliet	64,289.94	37,547.15	2,302.98	39,850.13	5,481.65	4,770.42	771.72	2,209.42
Moline	73,212.51	42,758.18	2,290.74	45,048.92	6,242.42	5,432.49	878.83	2,516.06
Northbrook	31,666.18	18,493.95	4,973.17	23,467.12	2,700.00	2,349.68	380.11	1,088.26
Peoria	59,258.94	34,608.90	1,995.63	36,604.53	5,052.68	4,397.11	711.33	2,036.53
Rockford	69,729.21	40,723.83	2,260.37	42,984.20	5,945.42	5,174.02	837.01	2,396.35
St. Charles	120,807.58	70,555.05	5,137.96	75,693.01	10,300.59	8,964.12	1,450.15	4,151.74
St. Louis	58,434.47	34,127.38	1,379.63	35,507.01	4,982.38	4,335.93	701.43	2,008.19
Swansea	6,597.70	3,853.24	2,670.69	6,523.93	562.55	489.56	79.20	226.74
Wood River	42,587.63	24,872.38	6,628.57	31,500.95	3,631.21	3,160.07	511.21	1,463.59
MAS	659.99	385.45	659.99	1,045.44	56.27	48.97	7.92	22.68
	975,974.38	569,996.68	51,998.15	621,994.83	83,215.91	72,418.89	11,715.36	33,540.88

Bravo Care Centers
Home Office Cost Allocations for Medicaid
6/30/2009

Facility	BRAVO Alton	BRAVO East Peoria	BRAVO Edwardsville	BRAVO Elgin	BRAVO Galesburg	BRAVO Inverness	BRAVO Joliet	BRAVO Moline	BRAVO Northbrook	BRAVO Northbrook	RCC Northbrook	BRAVO Peoria	BRAVO Rockford	BRAVO St. Charles	BRAVO St. Louis	RCC Swansea	BRAVO Wood River	Total
Total Cost	7,614,424	5,143,546	6,893,776	7,634,871	4,904,251	8,019,925	6,926,649	5,248,447	4,185,785	3,656,484	5,395,259	5,550,282	5,952,612	5,321,202	6,720,158	2,595,354	91,763,025	
Pooled Costs:																		
2 Maintenance	43	4	2	3	4	2	4	3	2	2	2	3	3	3	2	3	1	43
10 Professional Services	13,516	1,122	758	1,015	1,125	722	1,181	1,020	773	617	539	795	818	877	784	990	382	13,518
10 Dues & Subscriptions	304	25	17	23	25	16	27	23	17	14	12	18	18	20	18	22	9	304
10 Salaries - Other	1,339,568	111,156	75,086	100,636	111,455	71,593	117,076	101,116	76,617	61,105	53,378	78,761	81,024	86,897	77,680	98,102	37,887	1,339,569
10 Taxes, Licenses & Ofc Sup	1,114	92	62	84	93	60	97	84	64	51	44	65	67	72	65	82	32	1,114
10 Telephone	10,071	836	565	757	838	538	880	760	576	459	401	592	609	653	584	738	285	10,071
12 Payroll Taxes	100,000	8,298	5,605	7,513	8,320	5,344	8,740	7,548	5,720	4,562	3,985	5,880	6,048	6,487	5,799	7,323	2,828	100,000
12 Employee Benefits	115,495	9,584	6,474	8,677	9,609	6,173	10,094	8,718	6,606	5,268	4,602	6,791	6,986	7,492	6,697	8,458	3,267	115,496
10 Travel & Seminar	44,792	3,717	2,511	3,365	3,727	2,394	3,915	3,381	2,562	2,043	1,785	2,634	2,709	2,906	2,597	3,280	1,267	44,793
10 Other Admin Staff Transp	40,970	3,400	2,296	3,078	3,409	2,190	3,581	3,093	2,343	1,869	1,633	2,409	2,478	2,658	2,376	3,000	1,159	40,972
13 Insurance	22,897	1,900	1,283	1,720	1,905	1,224	2,001	1,728	1,310	1,044	912	1,346	1,385	1,485	1,328	1,677	648	22,896
																		-
Total Pooled Costs	1,688,770	140,134	94,659	126,871	140,510	90,256	147,596	127,474	96,590	77,034	67,293	99,294	102,145	109,550	97,930	123,675	47,765	1,688,776
Total Direct Costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Facility Home Office Costs	1,688,770	140,134	94,659	126,871	140,510	90,256	147,596	127,474	96,590	77,034	67,293	99,294	102,145	109,550	97,930	123,675	47,765	1,688,776
10 Grand Total	1,450,335	120,348	81,295	108,958	120,672	77,513	126,757	109,477	82,952	66,158	57,792	85,274	87,723	94,083	84,104	106,214	41,021	1,450,341
12 Grand Total	215,495	17,882	12,079	16,190	17,929	11,517	18,834	16,266	12,326	9,830	8,587	12,671	13,034	13,979	12,496	15,781	6,095	215,496

FOXES GROVE SUPPORTIVE LIVING COMMUNITY
ADJUSTMENTS
6/30/09

DESCRIPTION	SCHED V LINE #	INCREASE (DECREASE)
PROFESSIONAL SERVICES TO ELIMINATE NON-ALLOWABLE EXPENSES	10	(30)
RELATED PARTY MANAGEMENT FEES	10	(24,000)
MAINTENANCE COSTS	2	1
ADMINISTRATIVE AND CLERICAL COSTS	10	41,021
EMPLOYEE BENEFITS AND PAYROLL TAXES	12	6,095
INSURANCE TO REMOVE RELATED PARTY CHARGE FOR MANAGEMENT FEES AND ADD THE ACTUAL COST OF SERVICES	13	648
RELATED PARTY BUILDING SERVICE FEES	2	(42,588)
BUILDING SERVICE COSTS	2	31,501
ADMINISTRATIVE AND GENERAL COSTS	10	3,631
EMPLOYEE BENEFITS AND PAYROLL TAXES	12	3,160
INSURANCE	13	511
DEPRECIATION TO REMOVE RELATED PARTY BUILDING SERVICES CHARGE AND ADD THE ACTUAL COST OF SERVICES	17	1,463
TOTAL SCHEDULE VI LINE 30		<u>21,413</u>