

		FOR BHF USE			

LL2

Supportive Living Facility

2010

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2010)

IMPORTANT NOTICE

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

I. Facility ID Number: 1000030

Facility Name: RIVER VALLEY SUPPORTIVE LIVING RESIDENCE

Address: 1975 E. COURT ST. KANKAKEE 60901

Number City Zip Code

County: KANKAKEE

Telephone Number: (847) 329-4100 Fax # (847) 329-7652

Federal Employer ID Number:

Date Current Owners were Certified: 10/20/03

Type of Ownership:

☐	VOLUNTARY, NON-PROFIT	☒	PROPRIETARY	☐	GOVERNMENTAL
☐	Charitable Corp.	☐	Individual	☐	State
☐	Trust	☐	Partnership	☐	County
IRS Exemption Code		☐	Corporation	☐	Other
		☒	"Sub-S" Corp.		
		☒	Limited Liability Co.		
		☐	Trust		
		☐	Other		

In the event there are further questions about this report, please contact:

Name: DARRYL BUEKER Telephone Number: 417-865-8701

Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/10 to 12/31/10 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider	(Signed)		(Date)
	(Type or Print Name)		
	(Title)		
Paid Preparer	(Signed)		(Date)
	(Print Name and Title)	DARRYL BUEKER, CPA	PARTNER
	(Firm Name & Address)	BKD, LLP	P. O. BOX 1190, SPRINGFIELD, MO 65801-1190
	(Telephone)	(417) 865-8701	Fax # (417) 865-0682
	MAIL TO: BUREAU OF HEALTH FINANCE IL DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630		

Facility Name RIVER VALLEY SUPPORTIVE LIVING RESIDENCE

Report Period Beginning: 1/1/10 **Ending:** 12/31/10

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	62	Single Unit Apartment	62	22,630	1		
2	18	Double Unit Apartment	18	6,570	2		
3		Other		6,570	3		
4	80	TOTALS	80	35,770	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	19,675	1,199		20,874	5
6	Double Unit	8,620			8,620	6
7	Other					7
8	TOTALS	28,295	1,199		29,494	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.)	82.45%
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D. Indicate the number of paid bed-hold days the SLF had during this year
455 Also, indicate the number of unpaid bed-hold days the SLF
 had during this year. **(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)**

H. ACCOUNTING BASIS

ACCUAL		MODIFIED	
		CASH*	CASH*
	X		

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

Tax Year: 12/31/10 **Fiscal Year:** 12/31/10

*** 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?

If no, explain.

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?

If no, explain.

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?

If no, explain. _____

Facility Name: RIVER VALLEY SUPPORTIVE LIVING RESIDENCE

Report Period Beginning:

1/1/10

Ending:

12/31/10

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					5	6	
1	Dietary and Food Purchase	197,611	212,010	1,760	411,381		411,381	1
2	Housekeeping, Laundry and Maintenance	113,321	20,814	77,386	211,521		211,521	2
3	Heat and Other Utilities			144,298	144,298		144,298	3
4	Other (specify):							4
5	TOTAL General Services	310,932	232,824	223,444	767,200		767,200	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	357,357	3,213	1,800	362,370		362,370	6
7	Activities and Social Services	34,585	6,525	2,656	43,766		43,766	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	391,942	9,738	4,456	406,136		406,136	9
	C. General Administration							
10	Administrative and Clerical	144,393	12,045	289,859	446,297	(3,822)	442,475	10
11	Marketing Materials, Promotions and Advertising			32,308	32,308		32,308	11
12	Employee Benefits and Payroll Taxes			134,632	134,632		134,632	12
13	Insurance-Property, Liability and Malpractice			62,824	62,824		62,824	13
14	Other (specify):							14
15	TOTAL General Administration	144,393	12,045	519,623	676,061	(3,822)	672,239	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	847,267	254,607	747,523	1,849,397	(3,822)	1,845,575	16
	Capital Expenses							
	D. Ownership							
17	Depreciation							17
18	Interest			2,708	2,708		2,708	18
19	Real Estate Taxes			63,304	63,304		63,304	19
20	Rent -- Facility and Grounds			362,212	362,212		362,212	20
21	Rent -- Equipment			18,406	18,406		18,406	21
22	Other (specify):							22
23	TOTAL Ownership			446,630	446,630		446,630	23
24	GRAND TOTAL (Sum of lines 16 and 23)	847,267	254,607	1,194,153	2,296,027	(3,822)	2,292,205	24

Facility Name: RIVER VALLEY SUPPORTIVE LIVING RESIDENCE

Report Period Beginning 1/1/10 Ending: 12/31/10

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 44.04	1
2	Licensed Practical Nurses	1	23.09	2
3	Certified Nurse Assistants	10	10.01	3
4	Activity Director & Assistants	2	10.59	4
5	Social Service Workers			5
6	Head Cook	1	13.33	6
7	Cook Helpers/Assistants	9	9.08	7
8	Dishwashers			8
9	Maintenance Workers	2	12.05	9
10	Housekeepers	4	8.83	10
11	Laundry			11
12	Managers	1	34.50	12
13	Other Administrative	3	10.72	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	34	\$ 12.22	17

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
ATTACHED	

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	BEN KLEIN	25	2	\$ 65,862	1
2	BRIAN LEVINSON	25	4	65,862	2
3					3
4					4
5					5
Total				\$ 131724	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	1
2		2
Total		\$ 3

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: PLATINUM HEALTH CARE, LLC If yes, what is the value of those services? \$ 95,030
(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).

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			2003		\$ 3,800,347	\$ 138,180	27.5	\$ 138,195	\$ 15	\$ 976,174	1
2											2
3											3
4											4
5											5
6	Improvement Type										
6	DOORS, LOCKS & DOOR HOLDERS			2004	6,801		27.5	247	247	1,597	6
7	HANDICAP TOILETS			2004	1,073		27.5	39	39	252	7
8	ROOF REPAIRS			2004	2,900		27.5	105	105	572	8
9	WATER RETIANER KIT			2004	666		27.5	24	24	132	9
10	WATER HEATER REPAIR			2005	5,708		27.5	208	208	928	10
11	ROOF REPAIRS			2005	8,800		27.5	320	320	1,425	11
12	DRYWALL & PAINTING			2005	4,780		27.5	174	174	774	12
13	ELEVATOR REPAIRS			2005	1,982		27.5	72	72	323	13
14	CONCRETE, WATERPROOFING & LANDSCAPING			2006	25,100		27.5	913	913	3,157	14
15						19,972			(19,972)		15
16	CARRYFORWARD - PG 5C				493,568			37,830	37,830	118,897	16
17	TOTAL (lines 1 thru 16)				\$ 4,351,725	\$ 158,152		\$ 178,127	\$ 19,975	\$ 1,104,231	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	\$ 149,504	\$ 15,079	\$ 15,309	230	5-10 years	\$ 85,818	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 149,504	\$ 15,079	\$ 15,309	230		\$ 85,818	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		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name: RIVER VALLEY SUPPORTIVE LIVING RESIDENCE

Report Period Beginning: 1/1/10

Ending: 12/31/10

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease:

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

YES NO

		1	2	3	4	5	6	
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*	
3	Original Building			/ /	\$			3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL				\$			7

8. Is movable equipment rental included in building rental?

YES NO

9. Rental amount for movable equipment \$

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

X. INTEREST EXPENSE

	1	2		3	4	6		7	8	9		
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense		
		YES	NO			Original	Balance					
	A. Directly Facility Related											
	Long-Term											
1	LASALLE BANK		X	MORTGAGE	/ /	\$	\$	/ /		\$ 280,264	1	
2				(INC AMORT & MORT INT)	/ /			/ /			2	
3					/ /			/ /			3	
	Working Capital											
4	LASALLE BANK		X	WORKING CAPITAL	/ /			/ /		2,708	4	
5					/ /			/ /			5	
6					/ /			/ /			6	
7	TOTAL Facility Related					\$	\$				\$ 282,972	7
	B. Non-Facility Related											
8					/ /			/ /			8	
9					/ /			/ /			9	
10	TOTALS (lines 7, 8 and 9)					\$	\$				\$ 282,972	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: RIVER VALLEY SUPPORTIVE LIVING RESIDENCE

Report Period Beginning: 1/1/10

Ending:

12/31/10

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/10

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ (4,706)	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,181,780		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	26,755		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,203,829	\$	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			16
17	Accumulated Depreciation (book methods)			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):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,203,829	\$	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 45,983	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	350,000		29
30	Accrued Salaries Payable	24,660		30
31	Accrued Taxes Payable	60,000		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Expenses	44,028		35
36	Due Others, Adv Billing	906,362		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,431,033	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	600,000		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)	\$ 600,000	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 2,031,033	\$	45
46	TOTAL EQUITY	\$ (827,204)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,203,829	\$	47

*(See instructions.)

Facility Name: RIVER VALLEY SUPPORTIVE LIVING RESIDENCE

Report Period Beginning: 1/1/10

Ending: 12/31/10

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	\$ 2,705,371	1
2	Discounts and Allowances	214,393	2
	SUBTOTAL Resident Care		
3	(line 1 minus line 2)	\$ 2,919,764	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals		9
10	Laundry		10
	SUBTOTAL OTHER OPERATING REVENUE		
11	(sum of lines 4 thru 10)	\$	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income		13
	SUBTOTAL Non-Operating Revenue		
14	(sum of lines 12 and 13)	\$	14
	D. Other Revenue (specify):		
15	FOOD STAMP REVENUE	89,294	15
16	MISC INCOME	535	16
	SUBTOTAL Other Revenue		
17	(sum of lines 15 and 16)	\$ 89,829	17
	TOTAL REVENUE		
18	(sum of lines 3, 11, 14 and 17)	\$ 3,009,593	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	767,200	19
20	Health Care/ Personal Care	406,136	20
21	General Administration	676,061	21
	B. Capital Expense		
22	Ownership	446,630	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
	TOTAL EXPENSES		
28	(sum of lines 19 thru 27)	\$ 2,296,027	28
	Income Before Income Taxes		
29	(line 18 minus line 28)	\$ 713,566	29
	Income Taxes		
30		\$	30
	NET INCOME OR LOSS FOR THE YEAR		
31	(line 29 minus line 30)	\$ 713,566	31

RIVER VALLEY SUPPORTIVE LIVING RESIDENCE
RELATED ORGANIZATIONS
PAGE 4 SCHEDULE VII C

1/1/2010 12/31/2010

RENT	<u>362,212</u>
DEPRECIATION	173,231
AMORTIZATION	3,267
INTEREST	254,067
MORTGAGE INSURANCE	<u>22,930</u>
TOTAL	<u>453,495</u>

RELATED PARTY EXP	<u>-7,000</u>
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PROFESSIONAL FEES	6,618
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PAGE 4 SCHEDULE VII B

RELATED PARTY EXP	<u>-36,000</u>
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UTILITIES	2,642
REPAIRS AND MAINTENANCE	2,479
ADMINISTRATIVE SALARY	10,090
PROFESSIONAL FEES	4,099
FEES, SUBSCRIPTIONS	761
OFFICE	59,123
EDUCATION & SEMINAR	234
TRAVEL	3,340
INSURANCE	341
EMPLOYEE BENEFITS	7,486
DEPRECIATION (SL)	710
EQUIPMENT RENTAL	138
AMORTIZATION	186
INTEREST	934
DEPRECIATION (SL)	1,579
REAL ESTATE TAXES	<u>888</u>
TOTAL	95,030

	1 Units*	FOR BHF USE ONLY	2 Year Acquired		4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Generator		2007		126,700		15.0	8,447	8,447	26,749	1
2	Roof		2007		26,800		27.5	975	975	3,900	2
3	Cabling		2007		6,200		20.0	310	310	1,240	3
4	Surveillance Equipment		2007		11,980		5.0	2,396	2,396	9,584	4
5	Wiring Nd amplifier		2007		1,980		20.0	99	99	388	5
6	Ceramic floor		2007		54,000		20.0	2,700	2,700	10,125	6
7	Front parking lot/fence		2007		57,000		15.0	3,800	3,800	14,567	7
8	Water line routing, rear entr		2007		5,600		10.0	560	560	2,100	8
9	Railing for ramp entrance		2007		2,880		15.0	192	192	704	9
10	Remodeling-window treat, wp		2007		19,500		5.0	3,900	3,900	14,300	10
11	Pavilion & umbrella		2007		1,504		15.0	100	100	369	11
12	Lamp fixtures		2007		6,000		10.0	600	600	2,150	12
13	Parking lot, ramp, pathway		2007		2,200		15.0	147	147	503	13
14	Fix front entryway base		2007		500		15.0	33	33	132	14
15	Cylinder packings on Elevators		2007		2,750		20.0	138	138	460	15
16	Eng for projects		2007		6,575		15.0	438	438	1,426	16
17	Front lobby remodel		2007		35,000		15.0	2,333	2,333	7,196	17
18	Eng for projects		2007		5,200		15.0	347	347	1,099	18
19	Landscaping		2007		3,600		10.0	360	360	1,110	19
20	Electric lines install		2007		4,200		20.0	210	210	648	20
21	TV & mounts		2007		1,649		5.0	330	330	990	21
	Subtotal				381,818	0		28,415	28,415	99,740	

	1	FOR BHF USE ONLY	2	Year		4	5	Current Book	6	Life	7	Straight Line	8	9	Accumulated	
	Units*			Acquired		Cost		Depreciation		in Years		Depreciation	Adjustments		Depreciation	
22		Carryforward from page 5A				381,818						28,415	28,415		99,740	22
23		3 Two Way Radios/Battery		2008		542				5.0		108	108		326	23
24		Electric lines install--elevator		2008		2,540				20.0		127	127		360	24
25		Eng serv for blg addn		2008		4,500				27.5		164	164		465	25
26		Carpet		2008		1,731				5.0		346	346		924	26
27		Outdoor Gazebo & desk		2008		1,669				10.0		167	167		446	27
28		Electric work		2008		5,000				20.0		250	250		667	28
29		Repair work-kitchen appl		2008		4,048				10.0		405	405		1,114	29
30		Standby System Generator		2008		1,135				20.0		57	57		152	30
31		Carpet		2008		1,317				5.0		263	263		703	31
32		Signs		2008		14,500				10.0		1,450	1,450		3,625	32
33		Carpet		2008		537				5.0		107	107		269	33
34		Replace doors		2008		14,150				15.0		943	943		2,281	34
35		Electric		2008		4,000				20.0		200	200		484	35
36		Landscaping		2008		7,050				10.0		705	705		1,704	36
37		Steamer repair		2008		1,995				15.0		133	133		300	37
38		Patio project		2009		14,000				15.0		933	933		1,683	38
39		Repairs from fire damage (net)		2009		17,435				15.0		1,162	1,162		1,647	39
40		Repairs from fire damage		2009		4,238				15.0		283	283		354	40
41		Flooring-Rm 217 & 427		2009		1,214				5.0		243	243		284	41
42		Carpeting - Rms 319, 101, 419		2010		1,821				5.0		364	364		364	42
		Subtotal				485,240		0				36,826	36,826		117,893	

	1	FOR BHF USE ONLY	2	Year		4	5	Current Book	6	Life	7	Straight Line	8	9	Accumulated	
	Units*			Acquired		Cost		Depreciation		in Years		Depreciation	Adjustments		Depreciation	
43	Carryforward from page 5B					485,240						36,826	36,826		117,893	43
44	Repair 3 water heaters			2010		1,073				10.0		99	99		99	44
45	Aluminum Fencing			2010		700				15.0		43	43		43	45
46	Carpeting			2010		6,055				5.0		845	845		845	46
47	R&R Concrete, install fascia			2010		500				15.0		17	17		17	47
48													0			48
49													0			49
50													0			50
51													0			51
52													0			52
53													0			53
54													0			54
55													0			55
56													0			56
57													0			57
58													0			58
59													0			59
60													0			60
61													0			61
62													0			62
63													0			63
	Subtotal					493,568		0				37,830	37,830		118,897	