

		FOR BHF USE			

LL2

Supportive Living Facility

2012

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2012)

IMPORTANT NOTICE

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

I. Facility ID Number: 1000030

Facility Name: RIVER VALLEY SUPPORTIVE LIVING RESIDENCE

Address: 1975 E. COURT STREET KANKAKEE 60901

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 1/1/12 to 12/31/12 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) _____	
Paid Preparer	(Title) _____	
	(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: 1/1/12 **Ending:** 12/31/12

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	22,692	1		
2	18	Double Unit Apartment	18	6,588	2		
3		Other		6,588	3		
4	80	TOTALS	80	35,868	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	20,356	1,446		21,802	5
6	Double Unit	9,448	613		10,061	6
7	Other					7
8	TOTALS	29,804	2,059		31,863	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 88.83%

D. Indicate the number of paid bed-hold days the SLF had during this year

483 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. **72 (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*	☐

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

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

* 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.

STATE OF ILLINOIS

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Facility Name: RIVER VALLEY SUPPORTIVE LIVING RESIDENCE

Report Period Beginning:

1/1/12

Ending:

12/31/12

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	256,406	249,771	1,824	508,001		508,001	1
2	Housekeeping, Laundry and Maintenance	133,109	22,390	85,497	240,996		240,996	2
3	Heat and Other Utilities			105,781	105,781		105,781	3
4	Other (specify):							4
5	TOTAL General Services	389,515	272,161	193,102	854,778		854,778	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	439,267	9,311	1,800	450,378		450,378	6
7	Activities and Social Services	43,916	12,906	6,004	62,826		62,826	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	483,183	22,217	7,804	513,204		513,204	9
	C. General Administration							
10	Administrative and Clerical	167,370	15,109	338,070	520,549	(1,669)	518,880	10
11	Marketing Materials, Promotions and Advertising			52,981	52,981		52,981	11
12	Employee Benefits and Payroll Taxes			157,458	157,458		157,458	12
13	Insurance-Property, Liability and Malpractice			42,628	42,628		42,628	13
14	Other (specify):							14
15	TOTAL General Administration	167,370	15,109	591,137	773,616	(1,669)	771,947	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,040,068	309,487	792,043	2,141,598	(1,669)	2,139,929	16
	Capital Expenses							
	D. Ownership							
17	Depreciation							17
18	Interest			17,648	17,648		17,648	18
19	Real Estate Taxes			74,389	74,389		74,389	19
20	Rent -- Facility and Grounds			352,004	352,004		352,004	20
21	Rent -- Equipment			15,309	15,309		15,309	21
22	Other (specify):							22
23	TOTAL Ownership			459,350	459,350		459,350	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,040,068	309,487	1,251,393	2,600,948	(1,669)	2,599,279	24

Facility Name: RIVER VALLEY SUPPORTIVE LIVING RESIDENCE

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

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 48.07	1
2	Licensed Practical Nurses	2	22.64	2
3	Certified Nurse Assistants	10	10.73	3
4	Activity Director & Assistants	2	11.34	4
5	Social Service Workers			5
6	Head Cook	1	13.31	6
7	Cook Helpers/Assistants	11	9.65	7
8	Dishwashers			8
9	Maintenance Workers	2	12.49	9
10	Housekeepers	4	9.53	10
11	Laundry			11
12	Managers	2	30.76	12
13	Other Administrative	2	9.76	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	37	\$ 13.33	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			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

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? \$ 82,876
(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).

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	1	\$ 60,245	1
2	BRIAN LEVINSON	25	4	60,244	2
3					3
4					4
5					5
Total				\$ 120489	6

VI. (B) Management fees paid to unrelated parties Amount of Fee

1		\$	1
2			2
Total		\$	3

Facility Name: RIVER VALLEY SUPPORTIVE LIVING RESIDENCE

Report Period Beginning:

1/1/12

Ending:

12/31/12

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	28	\$ 138,195	\$ 15	\$ 1,252,564	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	DOORS, LOCKS & DOOR HOLDERS			2004	6,801		27.5	247	247	2,091	6
7	HANDICAP TOILETS			2004	1,073		27.5	39	39	330	7
8	ROOF REPAIRS			2004	2,900		27.5	105	105	782	8
9	WATER RETIANER KIT			2004	666		27.5	24	24	180	9
10	WATER HEATER REPAIR			2005	5,708		27.5	208	208	1,344	10
11	ROOF REPAIRS			2005	8,800		27.5	320	320	2,065	11
12	DRYWALL & PAINTING			2005	4,780		27.5	174	174	1,122	12
13	ELEVATOR REPAIRS			2005	1,982		27.5	72	72	467	13
14	CONCRETE, WATERPROOFING & LANDSCAPING			2006	25,100		27.5	913	913	4,983	14
15											15
16	CFWD 5C				540,947	21,159		41,458	20,299	199,753	16
17	TOTAL (lines 1 thru 16)				\$ 4,399,104	\$ 159,339		\$ 181,755	\$ 22,416	\$ 1,465,681	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	\$ 180,933	\$ 16,932	\$ 19,302	2,370	5-10 yrs	\$ 124,930	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 180,933	\$ 16,932	\$ 19,302	2,370		\$ 124,930	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: 1/1/12 Ending: 12/31/12

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		8. Is movable equipment rental included in building rental?
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*		YES NO
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	/ /	\$	\$	/ /		\$ 273,361	1
2				(INC AMORT & MORT INT)	/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	HFG		X	WORKING CAPITAL	/ /			/ /		17,648	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	\$			\$ 291,009	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$	\$			\$ 291,009	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: 1/1/12

Ending: 12/31/12

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/12

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 429,430	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	684,742		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	19,687		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)	\$ 1,133,859	\$	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)	\$ 1,133,859	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 104,756	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	48,258		29
30	Accrued Salaries Payable	37,788		30
31	Accrued Taxes Payable	69,000		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Expenses	36,501		35
36	Due Others, Adv Billing	826,327		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,122,630	\$	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)	\$ 1,122,630	\$	45
46	TOTAL EQUITY	\$ 11,229	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,133,859	\$	47

*(See instructions.)

Facility Name: RIVER VALLEY SUPPORTIVE LIVING RESIDENCE

Report Period Beginning: 1/1/12

Ending:

12/31/12

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	\$ 2,943,133	1
2	Discounts and Allowances	(73,659)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,869,474	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
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	27,950	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 27,950	14
	D. Other Revenue (specify):		
15	FOOD STAMP REVENUE	104,207	15
16	MISC INCOME	801	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 105,008	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,002,432	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	854,778	19
20	Health Care/ Personal Care	513,204	20
21	General Administration	773,616	21
	B. Capital Expense		
22	Ownership	459,350	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)	\$ 2,600,948	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 401,484	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 401,484	31

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

1/1/2012 12/31/2012

RENT	<u>-352,004</u>
DEPRECIATION	176,271
AMORTIZATION	3,267
INTEREST	247,734
MORTGAGE INSURANCE	22,359
INSURANCE	0
ACCOUNTING	<u>0</u>
TOTAL	<u>449,631</u>

RELATED PARTY EXP	<u>-3,600</u>
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PROFESSIONAL FEES	3,512
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PAGE 4 SCHEDULE VII B

RELATED PARTY EXP	<u>-60,663</u>
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UTILITIES	1,546
REPAIRS AND MAINTENANC	2,328
ADMINISTRATIVE SALARY	9,842
PROFESSIONAL FEES	5,030
FEES, SUBSCRIPTIONS	378
OFFICE	45,449
EDUCATION & SEMINAR	275
TRAVEL	2,067
INSURANCE	400
EMPLOYEE BENEFITS	10,940
DEPRECIATION (SL)	1,415
RENT	189

EQUIPMENT RENTAL	650
AMORTIZATION	74
INTEREST	1,048
DEPRECIATION (SL)	635
REAL ESTATE TAXES	<u>610</u>
TOTAL	82,876

Facility Name: RIVER VALLEY SUPPORTIVE LIVING RESIDENCE LLC

Report Period Begin

	1 Units*	FOR BHF USE ONLY	2 Year Acquired		4 Cost	5 Current Book Depreciation
1	Generator		2007		126,700	
2	Roof		2007		26,800	
3	Cabling		2007		6,200	
4	Surveillance Equipment		2007		11,980	
5	Wiring Nd amplifier		2007		1,980	
6	Ceramic floor		2007		54,000	
7	Front parking lot/fence		2007		57,000	
8	Water line routing, rear entr		2007		5,600	
9	Railing for ramp entrance		2007		2,880	
10	Remodeling-window treat, wp		2007		19,500	
11	Pavilion & umbrella		2007		1,504	
12	Lamp fixtures		2007		6,000	
13	Parking lot, ramp, pathway		2007		2,200	
14	Fix front entryway base		2007		500	
15	Cylinder packings on Elevators		2007		2,750	
16	Eng for projects		2007		6,575	
17	Front lobby remodel		2007		35,000	
18	Eng for projects		2007		5,200	
19	Landscaping		2007		3,600	
20	Electric lines install		2007		4,200	
21	TV & mounts		2007		1,649	
	Subtotal				381,818	0

6	Life in Years	7	Straight Line Depreciation	8	Adjustments	9	Accumulated Depreciation	
	15.0		8,447		8,447		43,643	1
	27.5		975		975		5,850	2
	20.0		310		310		1,860	3
	5.0		2,396		2,396		14,376	4
	20.0		99		99		586	5
	20.0		2,700		2,700		15,525	6
	15.0		3,800		3,800		22,167	7
	10.0		560		560		3,220	8
	15.0		192		192		1,088	9
	5.0		3,900		3,900		22,100	10
	15.0		100		100		569	11
	10.0		600		600		3,350	12
	15.0		147		147		797	13
	15.0		33		33		198	14
	20.0		138		138		736	15
	15.0		438		438		2,302	16
	15.0		2,333		2,333		11,862	17
	15.0		347		347		1,793	18
	10.0		360		360		1,830	19
	20.0		210		210		1,068	20
	5.0		330		330		1,650	21
			28,415		28,415		156,570	

Facility Name: RIVER VALLEY SUPPORTIVE LIVING RESIDENCE LLC

Report Period Beginning

	1 Units*	FOR BHF USE ONLY	2 Year Acquired		4 Cost	5 Current Book Depreciation
22	Carryforward from page 5A				381,818	
23	3 Two Way Radios/Battery		2008		542	
24	Electric lines install--elevator		2008		2,540	
25	Eng serv for blg addn		2008		4,500	
26	Carpet		2008		1,731	
27	Outdoor Gazebo & desk		2008		1,669	
28	Electric work		2008		5,000	
29	Repair work-kitchen appl		2008		4,048	
30	Standby System Generator		2008		1,135	
31	Carpet		2008		1,317	
32	Signs		2008		14,500	
33	Carpet		2008		537	
34	Replace doors		2008		14,150	
35	Electric		2008		4,000	
36	Landscaping		2008		7,050	
37	Steamer repair		2008		1,995	
38	Patio project		2009		14,000	
39	Repairs from fire damage (net)		2009		17,435	
40	Repairs from fire damage		2009		4,238	
41	Flooring-Rm 217 & 427		2009		1,214	
42	Carpeting - Rms 319, 101, 419		2010		1,821	
	Subtotal				485,240	0

6	Life in Years	7	Straight Line Depreciation	8	Adjustments	9	Accumulated Depreciation	
			28,415		28,415		156,570	22
	5.0		108		108		542	23
	20.0		127		127		614	24
	27.5		164		164		793	25
	5.0		346		346		1,616	26
	10.0		167		167		780	27
	20.0		250		250		1,167	28
	10.0		405		405		1,924	29
	20.0		57		57		266	30
	5.0		263		263		1,229	31
	10.0		1,450		1,450		6,525	32
	5.0		107		107		483	33
	15.0		943		943		4,167	34
	20.0		200		200		884	35
	10.0		705		705		3,114	36
	15.0		133		133		566	37
	15.0		933		933		3,549	38
	15.0		1,162		1,162		3,971	39
	15.0		283		283		920	40
	5.0		243		243		770	41
	5.0		364		364		1,092	42
			36,825		36,825		191,542	

Facility Name: RIVER VALLEY SUPPORTIVE LIVING RESIDENCE LLC

Report Period Begin

	1 Units*	FOR BHF USE ONLY	2 Year Acquired		4 Cost	5 Current Book Depreciation
43	Carryforward from page 5B				485,240	
44	Repair 3 water heaters		2010		1,073	
45	Aluminum Fencing		2010		700	
46	Carpeting		2010		6,055	
47	R&R Concrete, install fascia		2010		500	
48	4" Water Main repair		2011		4,393	
49	Repair-roof leak vestibule		2011		3,780	
50	Carpet-4 rooms		2011		2,883	
51	Reception area sets		2012		4,846	
52	New kitchen equip		2012		2,880	
53	Nurse call system		2012		25,807	
54	Surveillance system		2012		2,790	
55						
56						
57						
58						
59						
60						
61						
62						
63						
	Subtotal				540,947	0

6	Life in Years	7	Straight Line Depreciation	8	Adjustments	9	Accumulated Depreciation	
			36,825		36,825		191,542	43
	10.0		107		107		313	44
	15.0		47		47		137	45
	5.0		1,211		1,211		3,268	46
	15.0		33		33		83	47
	20.0		220		220		440	48
	10.0		378		378		756	49
	5.0		577		577		1,154	50
	15.0		270		270		270	51
	10.0		240		240		240	52
	10.0		1,271		1,271		1,271	53
	5.0		279		279		279	54
					-			55
					-			56
					-			57
					-			58
					-			59
					-			60
					-			61
					-			62
					-			63
			41,458		41,458		199,753	