

		FOR BHF USE			

LL2

Supportive Living Facility

2015

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2015)

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 SL RESIDENCE

Address: 1975 E COURT ST 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:

<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 type="checkbox"/> Corporation	<input type="checkbox"/> Other
	<input type="checkbox"/> "Sub-S" Corp.	
	<input checked="" type="checkbox"/> Limited Liability Co.	
	<input type="checkbox"/> Trust	
	<input type="checkbox"/> Other	

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

Name: CAMILLE LOCKHART Telephone Number: (847) 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 1/1/15 to 12/31/15 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)			
	(Print Name and Title)	CAMILLE B. LOCKHART, 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 SL RESIDENCE

Report Period Beginning: 1/1/15 Ending: 12/31/15

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	16,392	1,569		17,961	5
6	Double Unit	5,196	1,126		6,322	6
7	Other					7
8	TOTALS	21,588	2,695		24,283	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 67.89%

D. Indicate the number of paid bed-hold days the SLF had during this year 160 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 3765 (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 X

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES NO X

G. List all services provided by your facility for non-residents. (E.g., day care, "meals on wheels", outpatient therapy)

H. ACCOUNTING BASIS

ACCRUAL X MODIFIED CASH* CASH*

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

Tax Year: 12/31/15 Fiscal Year: 12/31/15

* 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 SL RESIDENCE

Report Period Beginning:

1/1/15

Ending:

12/31/15

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	227,369	217,318	1,824	446,511		446,511	1
2	Housekeeping, Laundry and Maintenance	125,705	18,960	76,535	221,200		221,200	2
3	Heat and Other Utilities			133,146	133,146		133,146	3
4	Other (specify):							4
5	TOTAL General Services	353,074	236,278	211,505	800,857		800,857	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	362,213	10,591	4,500	377,304		377,304	6
7	Activities and Social Services	59,309	7,848	14,121	81,278		81,278	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	421,522	18,439	18,621	458,582		458,582	9
	C. General Administration							
10	Administrative and Clerical	203,390	17,769	271,720	492,879		492,879	10
11	Marketing Materials, Promotions and Advertising			44,441	44,441		44,441	11
12	Employee Benefits and Payroll Taxes			183,585	183,585		183,585	12
13	Insurance-Property, Liability and Malpractice			50,131	50,131		50,131	13
14	Other (specify):							14
15	TOTAL General Administration	203,390	17,769	549,877	771,036		771,036	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	977,986	272,486	780,003	2,030,475		2,030,475	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			3,281	3,281		3,281	17
18	Interest			20,419	20,419		20,419	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds			437,640	437,640		437,640	20
21	Rent -- Equipment			12,030	12,030		12,030	21
22	Other (specify):							22
23	TOTAL Ownership			473,370	473,370		473,370	23
24	GRAND TOTAL (Sum of lines 16 and 23)	977,986	272,486	1,253,373	2,503,845		2,503,845	24

Facility Name: RIVER VALLEY SL RESIDENCE

Report Period Beginning 1/1/15 Ending: 12/31/15

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 34.36	1
2	Licensed Practical Nurses	2	21.44	2
3	Certified Nurse Assistants	10	10.09	3
4	Activity Director & Assistants	3	10.82	4
5	Social Service Workers			5
6	Head Cook	1	13.45	6
7	Cook Helpers/Assistants	10	10.24	7
8	Dishwashers			8
9	Maintenance Workers	1	16.54	9
10	Housekeepers	4	9.89	10
11	Laundry			11
12	Managers	1	32.71	12
13	Other Administrative	4	14.70	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	37	\$ 12.17	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? \$ 76,669

(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	\$ 32,548	1
2	BRIAN LEVINSON	25	10	32,547	2
3					3
4					4
5					5
Total				\$ 65095	6

VI. (B) Management fees paid to unrelated parties

Amount of Fee

1		\$		1
2				2
Total		\$		3

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	\$	28	\$ 138,195	\$ 138,195	\$ 1,667,149	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	DOORS, LOCKS & DOOR HOLDERS			2004	6,801		27.5	247	247	2,832	6
7	HANDICAP TOILETS			2004	1,073		27.5	39	39	447	7
8	ROOF REPAIRS			2004	2,900		27.5	105	105	1,097	8
9	WATER RETIANER KIT			2004	666		27.5	24	24	252	9
10	WATER HEATER REPAIR			2005	5,708		27.5	208	208	2,176	10
11	ROOF REPAIRS			2005	8,800		27.5	320	320	3,345	11
12	DRYWALL & PAINTING			2005	4,780		27.5	174	174	1,818	12
13	ELEVATOR REPAIRS			2005	1,982		27.5	72	72	755	13
14	CONCRETE, WATERPROOFING & LANDSCAPING			2006	25,100		27.5	913	913	8,635	14
15						160,934			(160,934)		15
16	CFWD 5C				574,762			36,351	36,351	303,267	16
17	TOTAL (lines 1 thru 16)				\$ 4,432,919	\$ 160,934		\$ 176,648	\$ 15,714	\$ 1,991,773	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	\$ 219,490	\$ 11,705	\$ 11,468	(237)	VAR	\$ 167,828	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 219,490	\$ 11,705	\$ 11,468	(237)		\$ 167,828	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 SL RESIDENCE

Report Period Beginning: 1/1/15 Ending: 12/31/15

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 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 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 Name of Lender	2 Related**		3 Purpose of Loan	4 Date of Note	6 Amount of Note		7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1	CAMBRIDGE REALTY CAPITAL	X		MORTGAGE	/ /	\$	\$	/ /		\$ 262,316	1
2				(INC AMORT & MORT INS)	/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	HFG		X	WORKING CAPITAL	/ /			/ /		20,419	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	\$			\$ 282,735	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$	\$			\$ 282,735	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.

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Facility Name: RIVER VALLEY SL RESIDENCE

Report Period Beginning: 1/1/15

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12/31/15

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/15

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ (47,364)	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	353,619		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	20,648		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)	\$ 326,903	\$	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	7,217		15
16	Equipment, at Historical Cost	25,568		16
17	Accumulated Depreciation (book methods)	(30,472)		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)	\$ 2,313	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 329,216	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 52,976	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	(3,071)		28
29	Short-Term Notes Payable	373,747		29
30	Accrued Salaries Payable	6,012		30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Expenses, Due Others	57,195		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 486,859	\$	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)	\$ 486,859	\$	45
46	TOTAL EQUITY	\$ (157,643)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 329,216	\$	47

*(See instructions.)

Facility Name: RIVER VALLEY SL RESIDENCE

Report Period Beginning: 1/1/15

Ending:

12/31/15

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	\$ 2,173,443	1
2	Discounts and Allowances	(77,783)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,095,660	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	1,566	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,566	14
	D. Other Revenue (specify):		
15	FOOD STAMP REVENUE	56,719	15
16	MISC INCOME	1,219	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 57,938	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,155,164	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	800,857	19
20	Health Care/ Personal Care	458,582	20
21	General Administration	771,036	21
	B. Capital Expense		
22	Ownership	473,370	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)	\$ 2,503,845	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (348,681)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (348,681)	31

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

1/1/2015 12/31/2015

RENT	<u>-437,640</u>
DEPRECIATION	169,359
AMORTIZATION	3,263
INTEREST	236,821
MORTGAGE INSURANCE	22,231
INSURANCE	8,233
R/E TAXES	<u>85,486</u>
TOTAL	<u>525,393</u>
RELATED PARTY EXP	<u>-68,400</u>
UTILITIES	4
REPAIRS AND MAINTENANC	69
ADMINISTRATIVE SALARY	0
PROFESSIONAL FEES	145
FEES, SUBSCRIPTIONS	33
OFFICE	34,191
EDUCATION & SEMINAR	673
TRAVEL	2,967
INSURANCE	12
EMPLOYEE BENEFITS	<u>5,257</u>
TOTAL	<u>43,351</u>

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

1/1/2015 12/31/2015

RELATED PARTY EXP	<u>0</u>
UTILITIES	1,057
REPAIRS AND MAINTENANC	1,271
ADMINISTRATIVE SALARY	8,677
PROFESSIONAL FEES	6,358
FEES, SUBSCRIPTIONS	188
OFFICE	42,508
EDUCATION & SEMINAR	367
TRAVEL	1,693
INSURANCE	472
EMPLOYEE BENEFITS	10,045
DEPRECIATION (SL)	1,050
RENT	508
EQUIPMENT RENTAL	1,475
AMORTIZATION	0
INTEREST	406
DEPRECIATION (SL)	178
REAL ESTATE TAXES	<u>416</u>
TOTAL	<u>76,669</u>

Facility Name: RIVER VALLEY SUPPORTIVE LIVING RESIDENCE LLC

Report Period Beginning:

	1	FOR BHF USE ONLY	2	Year	4	5	Current Book	6	Life
	Units*			Acquired	Cost		Depreciation		in Years
1	Generator		2007		126,700				15.0
2	Roof		2007		26,800				27.5
3	Cabling		2007		6,200				20.0
4	Surveillance Equipment		2007		11,980				5.0
5	Wiring Nd amplifier		2007		1,980				20.0
6	Ceramic floor		2007		54,000				20.0
7	Front parking lot/fence		2007		57,000				15.0
8	Water line routing, rear entr		2007		5,600				10.0
9	Railing for ramp entrance		2007		2,880				15.0
10	Remodeling-window treat, wp		2007		19,500				5.0
11	Pavilion & umbrella		2007		1,504				15.0
12	Lamp fixtures		2007		6,000				10.0
13	Parking lot, ramp, pathway		2007		2,200				15.0
14	Fix front entryway base		2007		500				15.0
15	Cylinder packings on Elevators		2007		2,750				20.0
16	Eng for projects		2007		6,575				15.0
17	Front lobby remodel		2007		35,000				15.0
18	Eng for projects		2007		5,200				15.0
19	Landscaping		2007		3,600				10.0
20	Electric lines install		2007		4,200				20.0
21	TV & mounts		2007		1,649				5.0
	Subtotal				381,818		0		

1/1/2015

Ending:

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7	Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
	8,447	8,447	68,984	1
	975	975	8,775	2
	310	310	2,790	3
		-	11,980	4
	99	99	883	5
	2,700	2,700	23,625	6
	3,800	3,800	33,567	7
	560	560	4,900	8
	192	192	1,664	9
		-	19,500	10
	100	100	874	11
	600	600	5,150	12
	147	147	1,238	13
	33	33	302	14
	138	138	1,150	15
	438	438	3,621	16
	2,333	2,333	18,866	17
	347	347	2,834	18
	360	360	2,910	19
	210	210	1,698	20
		-	1,649	21
	21,789	21,789	216,960	

Facility Name: RIVER VALLEY SUPPORTIVE LIVING RESIDENCE LLC

Report Period Beginning:

	1	FOR BHF USE ONLY	2	Year	4	5	Current Book	6	Life
	Units*			Acquired	Cost		Depreciation		in Years
22	Carryforward from page 5A				381,818				
23	3 Two Way Radios/Battery			2008	542				5.0
24	Electric lines install--elevator			2008	2,540				20.0
25	Eng serv for blg addn			2008	4,500				27.5
26	Carpet			2008	1,731				5.0
27	Outdoor Gazebo & desk			2008	1,669				10.0
28	Electric work			2008	5,000				20.0
29	Repair work-kitchen appl			2008	4,048				10.0
30	Standby System Generator			2008	1,135				20.0
31	Carpet			2008	1,317				5.0
32	Signs			2008	14,500				10.0
33	Carpet			2008	537				5.0
34	Replace doors			2008	14,150				15.0
35	Electric			2008	4,000				20.0
36	Landscaping			2008	7,050				10.0
37	Steamer repair			2008	1,995				15.0
38	Patio project			2009	14,000				15.0
39	Repairs from fire damage (net)			2009	17,435				15.0
40	Repairs from fire damage			2009	4,238				15.0
41	Flooring-Rm 217 & 427			2009	1,214				5.0
42	Carpeting - Rms 319, 101, 419			2010	1,821				5.0
	Subtotal				485,240		0		

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Ending:

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	7	8	9		
	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
	21,789	21,789	216,960		22
	0	-	542		23
	127	127	995		24
	164	164	1,285		25
	0	-	1,731		26
	167	167	1,281		27
	250	250	1,917		28
	405	405	3,139		29
	57	57	437		30
		-	1,317		31
	1,450	1,450	10,875		32
		-	537		33
	943	943	7,001		34
	200	200	1,484		35
	705	705	5,229		36
	133	133	965		37
	933	933	6,353		38
	1,162	1,162	7,462		39
	283	283	1,769		40
	0	-	1,214		41
	0	-	1,821		42
	28,768	28,768	274,314		

Facility Name: RIVER VALLEY SUPPORTIVE LIVING RESIDENCE LLC

Report Period Beginning:

	1	FOR BHF USE ONLY	2	Year	4	5	Current Book	6	Life
	Units*			Acquired	Cost		Depreciation		in Years
43	Carryforward from page 5B				485,240				
44	Repair 3 water heaters			2010	1,073				10.0
45	Aluminum Fencing			2010	700				15.0
46	Carpeting			2010	6,055				5.0
47	R&R Concrete, install fascia			2010	500				15.0
48	4" Water Main repair			2011	4,393				20.0
49	Repair-roof leak/vestibule			2011	3,780				10.0
50	Carpet-4 rooms			2011	2,883				5.0
51	Reception area sets			2012	4,846				15.0
52	New kitchen equip			2012	2,880				10.0
53	Nurse call system			2012	25,807				10.0
54	Surveillance system			2012	2,790				5.0
55	Plumbing			2013	7,217				20.0
56	Carpeting			2014	3,659				5.0
57	Piping			2014	5,147				25.0
58	Elevator			2014	11,917				20.0
59	Roofing			2014	5,875				27.5
60									
61									
62									
63									
	Subtotal				574,762		0		

1/1/2015

Ending:

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12/31/2015

	7	8	9		
	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
	28,768	28,768	274,314		43
	107	107	638		44
	47	47	278		45
	362	362	6,055		46
	33	33	186		47
	220	220	917		48
	378	378	1,544		49
	577	577	2,357		50
	323	323	1,241		51
	288	288	1,104		52
	2,581	2,581	9,018		53
	558	558	1,953		54
	361	361	903		55
	732	732	1,220		56
	206	206	344		57
	596	596	891		58
	214	214	304		59
		-			60
		-			61
		-			62
		-			63
	36,351	36,351	303,267		

