

Facility Name RIVER VALLEY SUPPORTIVE LIVING RESIDENCE

Report Period Beginning: 01/01/06 Ending: 12/31/06

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	20,386	1,322		21,708	5
6	Double Unit	9,592			9,592	6
7	Other					7
8	TOTALS	29,978	1,322		31,300	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 87.50%

D. Indicate the number of paid bed-hold days the SLF had during this year 963 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

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: Fiscal Year:

* 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.

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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	160,015	160,167	1,288	321,470		321,470	1
2	Housekeeping, Laundry and Maintenance	110,304	54,985	11,379	176,668		176,668	2
3	Heat and Other Utilities			87,750	87,750		87,750	3
4	Other (specify):							4
5	TOTAL General Services	270,319	215,152	100,417	585,888		585,888	5
B. Health Care and Programs								
6	Health Care/ Personal Care	309,807	9,713	1,425	320,945		320,945	6
7	Activities and Social Services	21,354	7,655		29,009		29,009	7
8	Other (specify): NURSING PROGRAM CONSULTANT			1,500	1,500		1,500	8
9	TOTAL Health Care and Programs	331,161	17,368	2,925	351,454		351,454	9
C. General Administration								
10	Administrative and Clerical	165,323	14,805	313,331	493,459	(2,500)	490,959	10
11	Marketing Materials, Promotions and Advertising		11,156	50,059	61,215		61,215	11
12	Employee Benefits and Payroll Taxes			132,706	132,706		132,706	12
13	Insurance-Property, Liability and Malpractice			39,278	39,278		39,278	13
14	Other (specify):							14
15	TOTAL General Administration	165,323	25,961	535,374	726,658	(2,500)	724,158	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	766,803	258,481	638,716	1,664,000	(2,500)	1,661,500	16
Capital Expenses								
D. Ownership								
17	Depreciation							17
18	Interest			108,569	108,569		108,569	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds			408,000	408,000		408,000	20
21	Rent -- Equipment			13,704	13,704		13,704	21
22	Other (specify): AMORT/BAD DEBTS			142,946	142,946	(36,000)	106,946	22
23	TOTAL Ownership			673,219	673,219	(36,000)	637,219	23
24	GRAND TOTAL (Sum of lines 16 and 23)	766,803	258,481	1,311,935	2,337,219	(38,500)	2,298,719	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	\$ 29.16	1
2	Licensed Practical Nurses	3	20.49	2
3	Certified Nurse Assistants	13	9.08	3
4	Activity Director & Assistants	1	9.31	4
5	Social Service Workers			5
6	Head Cook	1	14.56	6
7	Cook Helpers/Assistants	4	7.85	7
8	Dishwashers			8
9	Maintenance Workers	2	12.42	9
10	Housekeepers	14	7.31	10
11	Laundry			11
12	Managers	1	40.04	12
13	Other Administrative			13
14	Clerical	4	11.76	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	44	\$ 11.51	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	BEN KLEIN	ATTACHED		\$ 106,944	1
2	BRIAN LEVINSON			106,944	2
3					3
4					4
5					5
Total				\$ 213,888	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	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 <u>1</u>	City <u>2</u>
ATTACHED	

OTHER RELATED BUSINESS ENTITIES		
Name <u>3</u>	City <u>4</u>	Type of Business <u>5</u>
	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: PLATINUM HEALTH CARE LLC If yes, what is the value of those services? \$ 101,671

(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 55,470 Year land was acquired 2003

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	80		2003		\$ 3,800,347	\$ 138,195	27.5	\$ 131,317	\$ (6,878)	\$ 416,516	1
2											2
3											3
4											4
5											5
Improvement Type											
6		DOORS, LOCKS & DOOR HOLDERS		2004	6,801	247	27.5	247		609	6
7		HANDICAP TOILETS		2004	1,073	39	27.5	39		96	7
8		ROOF REPAIRS		2004	2,900	105	27.5	105		257	8
9		WATER RETIANER KIT		2004	666	24	27.5	24		60	9
10		WATER HEATER REPAIR		2005	5,708	208	27.5	208		304	10
11		ROOF REPAIRS		2005	8,800	320	27.5	320		465	11
12		DRYWALL & PAINTING		2005	4,780	174	27.5	174		252	12
13		ELEVATOR REPAIRS		2005	1,982	72	27.5	72		107	13
14		CONCRETE, WATERPROOFING & LANDSCAPING		2006	25,100	418	27.5	418		418	14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 3,858,157	\$ 139,802		\$ 132,924	\$ (6,878)	\$ 419,084	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	\$ 106,575	\$ 9,716	\$ 10,658	942	10	\$ 31,118	18
19	Vehicles	6,800	1,360	340	(1,020)	10	340	19
20	TOTAL (lines 18 and 19)	\$ 113,375	\$ 11,076	\$ 10,998	(78)		\$ 31,458	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

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IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: N/A

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	/ /	\$ 4,760,000	\$ 4,760,000	/ /		\$ 272,458
2					/ /			/ /		
3					/ /			/ /		
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 4,760,000	\$ 4,760,000			\$ 272,458
	B. Non-Facility Related									
8					/ /			/ /		
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$ 4,760,000	\$ 4,760,000			\$ 272,458

* 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.

STATE OF ILLINOIS

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XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/06

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 2,000	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (35459))	823,067		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	29,230		6
7	Other Prepaid Expenses	17,200		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 871,497	\$	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	534,730		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(349,104)		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)	\$ 185,626	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,057,123	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 590,311	\$	26
27	Officer's Accounts Payable	765,522		27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	325,000		29
30	Accrued Salaries Payable	10,794		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				35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,691,627	\$	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)	\$ 1,691,627	\$	45
46	TOTAL EQUITY	\$ (634,504)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,057,123	\$	47

*(See instructions.)

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

		1	
Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 2,360,986	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,360,986	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		13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$	14
D. Other Revenue (specify):			
15	FOOD STAMPS REVENUE	83,598	15
16	RESIDENT PHONE/CABLE REVENUE	32,340	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 115,938	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,476,924	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	585,888	19
20	Health Care/ Personal Care	351,454	20
21	General Administration	726,658	21
B. Capital Expense			
22	Ownership	673,219	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)	\$ 2,337,219	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 139,705	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 139,705	31

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

RENT	-408000
DEPRECIATION	150878
INTEREST	272458
REAL ESTATE TAXES	53659

PAGE 4 SCHEDULE VII B

RELATED PARTY EXP	-48000
UTILITES	3506
REPAIRS AND MAINTENANC	3660
ADMINISTRATIVE SALARY	23903
PROFESSIONAL FEES	1419
FEES, SUBSCRIPTIONS	371
OFFICE	45005
EDUCATION & SEMINARS	76
TRAVEL	972
EMPLOYEE BENEFITS	16087
INSURANCE	574
DEPRECIATION	493
OFFICE RENT	5605
TOTAL	101671