



Facility Name RIVER VALLEY SUPPORTIVE LIVING RESIDENCE

Report Period Beginning: 1/1/08 Ending: 12/31/08

**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 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	18,920	1,694		20,614	5
6	Double Unit	10,393			10,393	6
7	Other					7
8	TOTALS	29,313	1,694		31,007	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 86.45%

D. Indicate the number of paid bed-hold days the SLF had during this year 948 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)

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**H. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/08 Fiscal Year: 12/31/08

\* 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 5	Adjusted Total 6	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
<b>A. General Services</b>								
1	Dietary and Food Purchase	205,890	209,886	1,210	416,986		416,986	1
2	Housekeeping, Laundry and Maintenance	110,903	20,373	47,456	178,732		178,732	2
3	Heat and Other Utilities			137,451	137,451		137,451	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>316,793</b>	<b>230,259</b>	<b>186,117</b>	<b>733,169</b>		<b>733,169</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	299,892	3,677	1,800	305,369		305,369	6
7	Activities and Social Services	29,284	5,741	2,397	37,422		37,422	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>329,176</b>	<b>9,418</b>	<b>4,197</b>	<b>342,791</b>		<b>342,791</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	179,014	20,742	322,369	522,125	(4,862)	517,263	10
11	Marketing Materials, Promotions and Advertising			79,957	79,957		79,957	11
12	Employee Benefits and Payroll Taxes			133,216	133,216		133,216	12
13	Insurance-Property, Liability and Malpractice			96,877	96,877		96,877	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	<b>179,014</b>	<b>20,742</b>	<b>632,419</b>	<b>832,175</b>	<b>(4,862)</b>	<b>827,313</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>824,983</b>	<b>260,419</b>	<b>822,733</b>	<b>1,908,135</b>	<b>(4,862)</b>	<b>1,903,273</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation							17
18	Interest			11,313	11,313		11,313	18
19	Real Estate Taxes			54,154	54,154		54,154	19
20	Rent -- Facility and Grounds			455,742	455,742		455,742	20
21	Rent -- Equipment			24,025	24,025		24,025	21
22	Other (specify): AMORT			78,680	78,680		78,680	22
23	<b>TOTAL Ownership</b>			<b>623,914</b>	<b>623,914</b>		<b>623,914</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>824,983</b>	<b>260,419</b>	<b>1,446,647</b>	<b>2,532,049</b>	<b>(4,862)</b>	<b>2,527,187</b>	<b>24</b>

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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	\$ 39.93	1
2	Licensed Practical Nurses	1	21.84	2
3	Certified Nurse Assistants	8	9.39	3
4	Activity Director & Assistants	1	9.75	4
5	Social Service Workers			5
6	Head Cook	1	15.48	6
7	Cook Helpers/Assistants	10	8.67	7
8	Dishwashers			8
9	Maintenance Workers	1	13.21	9
10	Housekeepers	4	8.13	10
11	Laundry			11
12	Managers	1	42.93	12
13	Other Administrative	4	13.14	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>32</b>	<b>\$ 12.05</b>	<b>17</b>

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	3	\$ 72,795	1
2	BRIAN LEVINSON	25	3	72,795	2
3					3
4					4
5					5
<b>Total</b>				<b>\$ 145,590</b>	<b>6</b>

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	1
2		2
<b>Total</b>		<b>\$ 3</b>

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? \$ 99,545  
(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			2003		\$ 3,800,347	\$ 138,180	27.5	\$ 138,195	\$ 15	\$ 699,784	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6		DOORS, LOCKS & DOOR HOLDERS		2004	6,801		27.5	247	247	1,103	6
7		HANDICAP TOILETS		2004	1,073		27.5	39	39	174	7
8		ROOF REPAIRS		2004	2,900		27.5	105	105	467	8
9		WATER RETIANER KIT		2004	666		27.5	24	24	108	9
10		WATER HEATER REPAIR		2005	5,708		27.5	208	208	720	10
11		ROOF REPAIRS		2005	8,800		27.5	320	320	1,105	11
12		DRYWALL & PAINTING		2005	4,780		27.5	174	174	600	12
13		ELEVATOR REPAIRS		2005	1,982		27.5	72	72	251	13
14		CONCRETE, WATERPROOFING & LANDSCAPING		2006	25,100		27.5	913	913	2,244	14
15						16,001			(16,001)		15
16		CARRYFORWARD - PG 5B			446,532			31,384	31,384	45,871	16
17		TOTAL (lines 1 thru 16)			\$ 4,304,689	\$ 154,181		\$ 171,681	\$ 17,500	\$ 752,427	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	\$ 125,622	\$ 15,128	\$ 13,031	(2,097)	5-10 YRS	\$ 56,500	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 125,622	\$ 15,128	\$ 13,031	(2,097)		\$ 56,500	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: \_\_\_\_\_

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	<b>TOTAL</b>				\$			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			
	<b>A. Directly Facility Related Long-Term</b>									
1	LASALLE BANK		X	MORTGAGE	/ /	\$	\$	/ /		\$ 289,090
2				(INC AMORT & MORT INS)	/ /			/ /		
3					/ /			/ /		
	<b>Working Capital</b>									
4	LASALLE BANK		X	WORKING CAPITAL	/ /			/ /		11,313
5					/ /			/ /		
6					/ /			/ /		
7	<b>TOTAL Facility Related</b>					\$	\$			\$ 300,403
	<b>B. Non-Facility Related</b>									
8					/ /			/ /		
9					/ /			/ /		
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$	\$			\$ 300,403

\* 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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XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/08

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ (40,337)	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 15,917 )	1,105,670		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	25,822		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,091,155	\$	10
	<b>B. Long-Term Assets</b>			
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	(534,730)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 1,091,155	\$	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 49,495	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	2,705		28
29	Short-Term Notes Payable	150,000		29
30	Accrued Salaries Payable	17,522		30
31	Accrued Taxes Payable	54,000		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35		53,054		35
36		879,558		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 1,206,334	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	600,000		38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 600,000	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 1,806,334	\$	45
46	<b>TOTAL EQUITY</b>	\$ (715,179)	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 1,091,155	\$	47

\*(See instructions.)

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

		1	
Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 2,633,184	1
2	Discounts and Allowances	(4,979)	2
<b>SUBTOTAL Resident Care</b>			
3	(line 1 minus line 2)	\$ 2,628,205	3
<b>B. Other Operating Revenue</b>			
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
<b>SUBTOTAL OTHER OPERATING REVENUE</b>			
11	(sum of lines 4 thru 10)	\$	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	904	13
<b>SUBTOTAL Non-Operating Revenue</b>			
14	(sum of lines 12 and 13)	\$ 904	14
<b>D. Other Revenue (specify):</b>			
15	FOOD STAMPS REVENUE	92,373	15
16	MISC. INCOME	22	16
<b>SUBTOTAL Other Revenue</b>			
17	(sum of lines 15 and 16)	\$ 92,395	17
<b>TOTAL REVENUE</b>			
18	(sum of lines 3, 11, 14 and 17)	\$ 2,721,504	18

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	733,169	19
20	Health Care/ Personal Care	342,791	20
21	General Administration	832,175	21
<b>B. Capital Expense</b>			
22	Ownership	623,914	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
<b>TOTAL EXPENSES</b>			
28	(sum of lines 19 thru 27)	\$ 2,532,049	28
<b>Income Before Income Taxes</b>			
29	(line 18 minus line 28)	\$ 189,455	29
<b>Income Taxes</b>			
30		\$	30
<b>NET INCOME OR LOSS FOR THE YEAR</b>			
31	(line 29 minus line 30)	\$ 189,455	31

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

1/1/2008 12/31/2008

RENT	<u>-455,742</u>
DEPRECIATION	170,486
AMORTIZATION	4,627
INTEREST	259,737
MORTGAGE INSURANCE	<u>24,726</u>
TOTAL	<u>459,576</u>

PAGE 4 SCHEDULE VII B

RELATED PARTY EXP	<u>-36,000</u>
UTILITIES	3,258
REPAIRS AND MAINTENANC	3,804
ADMINISTRATIVE SALARY	18,026
PROFESSIONAL FEES	4,249
FEES, SUBSCRIPTIONS	474
OFFICE	48,513
EDUCATION & SEMINAR	307
TRAVEL	3,629
INSURANCE	496
EMPLOYEE BENEFITS	11,521
DEPRECIATION (SL)	448
EQUIPMENT RENTAL	367
AMORTIZATION	74
INTEREST	1,881
DEPRECIATION (SL)	1,092
REAL ESTATE TAXES	<u>1,406</u>
TOTAL	<u>99,545</u>

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	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		27.5	8,447	8,447	9,855	1
2	Roof		2007		26,800		27.5	975	975	1,950	2
3	Cabling		2007		6,200		20.0	310	310	620	3
4	Surveillance Equipment		2007		11,980		5.0	2,396	2,396	4,792	4
5	Wiring Nd amplifier		2007		1,980		20.0	99	99	190	5
6	Ceramic floor		2007		54,000		20.0	2,700	2,700	4,725	6
7	Front parking lot/fence		2007		57,000		15.0	3,800	3,800	6,967	7
8	Water line routing, rear entr		2007		5,600		10.0	560	560	980	8
9	Railing for ramp entrance		2007		2,880		15.0	192	192	320	9
10	Remodeling-window treat, wp		2007		19,500		5.0	3,900	3,900	6,500	10
11	Pavilion & umbrella		2007		1,504		15.0	101	101	168	11
12	Lamp fixtures		2007		6,000		10.0	600	600	950	12
13	Parking lot, ramp, pathway		2007		2,200		15.0	147	147	209	13
14	Fix front entryway base		2007		500		15.0	34	34	65	14
15	Cylinder packings on Elevators		2007		2,750		20.0	138	138	184	15
16	Eng for projects		2007		6,575		15.0	439	439	549	16
17	Front lobby remodel		2007		35,000		15.0	2,334	2,334	2,529	17
18	Eng for projects		2007		5,200		15.0	347	347	405	18
19	Landscaping		2007		3,600		10.0	360	360	390	19
20	Electric lines install		2007		4,200		20.0	210	210	228	20
21	TV & mounts		2007		1,649		5.0	330	330	330	21
	Subtotal				381,818	0		28,419	28,419	42,906	

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	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		Carryforward from page 5A			381,818			28,419	28,419	42,906	1
2	3	Two Way Radios/Battery	2008		542		5.0	109	109	109	2
3		Electric lines install--elevator	2008		2,540		20.0	106	106	106	3
4		Eng serv for blg addn	2008		4,500		27.5	137	137	137	4
5		Carpet	2008		1,731		5.0	231	231	231	5
6		Outdoor Gazebo & desk	2008		1,669		10.0	112	112	112	6
7		Electric work	2008		5,000		20.0	167	167	167	7
8		Repair work-kitchen appl	2008		4,048		10.0	304	304	304	8
9		Standby System Generator	2008		1,135		20.0	38	38	38	9
10		Carpet	2008		1,317		5.0	176	176	176	10
11		Signs	2008		14,500		10.0	725	725	725	11
12		Carpet	2008		537		5.0	54	54	54	12
13		Replace doors	2008		14,150		15.0	394	394	394	13
14		Electric	2008		4,000		20.0	84	84	84	14
15		Landscaping	2008		7,050		10.0	294	294	294	15
16		Steamer repair	2008		1,995		15.0	34	34	34	16
17									0		17
18									0		18
19									0		19
20									0		20
21									0		21
		Subtotal			446,532	0		31,384	31,384	45,871	