

		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.

<p><b>I. Facility ID Number:</b> <u>1000030</u></p> <p><b>Facility Name:</b> <u>RIVER VALLEY SUPPORTIVE LIVING RESIDENCE</u></p> <p><b>Address:</b> <u>1975 E. COURT STREET</u> <u>KANKAKEE</u> <u>60901</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>KANKAKEE</u></p> <p><b>Telephone Number:</b> ( <u>847</u> ) <u>329-4100</u> <b>Fax #</b> ( <u>847</u> ) <u>329-7652</u></p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>10/20/03</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td><b>IRS Exemption Code</b> _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>DARRYL BUEKER</u> <b>Telephone Number:</b> <u>(417) 865-8701</u>  <b>Email Address:</b> _____</p>	<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	<b>IRS Exemption Code</b> _____	<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 _____		<p><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/12</u> to <u>12/31/12</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%; vertical-align: top;"> <b>Officer or Administrator of Provider</b> </td> <td>                 (Signed) _____                  (Type or Print Name) _____                  (Title) _____             </td> </tr> <tr> <td style="vertical-align: top;"> <b>Paid Preparer</b> </td> <td>                 (Signed) _____                  (Date) _____                  (Print Name and Title) <u>DARRYL BUEKER, CPA</u>  <u>PARTNER</u>                  (Firm Name &amp; Address) <u>BKD, LLP</u>  <u>P. O. BOX 1190, SPRINGFIELD, MO 65801-1190</u>                  (Telephone) <u>(417 ) 865-8701</u> <b>Fax</b> <u>(417) 865-0682</u> </td> </tr> </table> <p align="right">                 MAIL TO: BUREAU OF HEALTH FINANCE                  IL DEPT OF HEALTHCARE AND FAMILY SERVICES                  201 S. Grand Avenue East                  Springfield, IL 62763-0001 <b>Phone #</b> (217) 782-1630             </p>	<b>Officer or Administrator of Provider</b>	(Signed) _____ (Type or Print Name) _____ (Title) _____	<b>Paid Preparer</b>	(Signed) _____ (Date) _____ (Print Name and Title) <u>DARRYL BUEKER, CPA</u> <u>PARTNER</u> (Firm Name & Address) <u>BKD, LLP</u> <u>P. O. BOX 1190, SPRINGFIELD, MO 65801-1190</u> (Telephone) <u>(417 ) 865-8701</u> <b>Fax</b> <u>(417) 865-0682</u>
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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 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
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)

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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: 12/31/12 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. \_\_\_\_\_

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			
<b>A. General Services</b>								
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	<b>TOTAL General Services</b>	<b>389,515</b>	<b>272,161</b>	<b>193,102</b>	<b>854,778</b>		<b>854,778</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
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	<b>TOTAL Health Care and Programs</b>	<b>483,183</b>	<b>22,217</b>	<b>7,804</b>	<b>513,204</b>		<b>513,204</b>	<b>9</b>
<b>C. General Administration</b>								
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	<b>TOTAL General Administration</b>	<b>167,370</b>	<b>15,109</b>	<b>591,137</b>	<b>773,616</b>	<b>(1,669)</b>	<b>771,947</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,040,068</b>	<b>309,487</b>	<b>792,043</b>	<b>2,141,598</b>	<b>(1,669)</b>	<b>2,139,929</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
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	<b>TOTAL Ownership</b>			<b>459,350</b>	<b>459,350</b>		<b>459,350</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,040,068</b>	<b>309,487</b>	<b>1,251,393</b>	<b>2,600,948</b>	<b>(1,669)</b>	<b>2,599,279</b>	<b>24</b>

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	<b>Total (lines 1 thru 16)</b>	<b>37</b>	<b>\$ 13.33</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	1	\$ 60,245	1
2	BRIAN LEVINSON	25	4	60,244	2
3					3
4					4
5					5
				<b>Total</b>	<b>\$ 120489 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? \$ 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).

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
<b>Improvement Type</b>											
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	
		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</b>									
	<b>Long-Term</b>									
1	LASALLE BANK		X	MORTGAGE	/ /	\$	\$	/ /		\$ 273,361
2				(INC AMORT & MORT INT)	/ /			/ /		
3					/ /			/ /		
	<b>Working Capital</b>									
4	HFG		X	WORKING CAPITAL	/ /			/ /		17,648
5					/ /			/ /		
6					/ /			/ /		
7	<b>TOTAL Facility Related</b>					\$	\$			\$ 291,009
	<b>B. Non-Facility Related</b>									
8					/ /			/ /		
9					/ /			/ /		
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$	\$			\$ 291,009

\* 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	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
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	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,133,859	\$	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			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	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 1,133,859	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
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
	<b>Other Current Liabilities(specify):</b>			
35	Accrued Expenses	36,501		35
36	Due Others, Adv Billing	826,327		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 1,122,630	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			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>	\$	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 1,122,630	\$	45
46	<b>TOTAL EQUITY</b>	\$ 11,229	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 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.)

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

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	854,778	19
20	Health Care/ Personal Care	513,204	20
21	General Administration	773,616	21
<b>B. Capital Expense</b>			
22	Ownership	459,350	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 2,600,948</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 401,484</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ 401,484</b>	<b>31</b>

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	0
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

ing:

1/1/2012

Ending:

12/31/2012

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 Begin

	1 Units*	FOR BHF USE ONLY	2 Year Acquired		4 Cost	5 Current Book Depreciation
22	<b>Carryforward from page 5A</b>				<b>381,818</b>	
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

ing:

1/1/2012

Ending:

12/31/2012

6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
	<b>28,415</b>	<b>28,415</b>	<b>156,570</b>	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
	<b>36,825</b>	<b>36,825</b>	<b>191,542</b>	

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

ing:

1/1/2012

Ending:

12/31/2012

6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
	<b>36,825</b>	<b>36,825</b>	<b>191,542</b>	<b>43</b>
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
	<b>41,458</b>	<b>41,458</b>	<b>199,753</b>	