

		FOR BHF USE			

LL2

Supportive Living Facility

**2013
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2013)**

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>I. Facility ID Number: <u>1000030</u></p> <p>Facility Name: <u>RIVER VALLEY SL RESIDENCE</u></p> <p>Address: <u>1957 E COURT ST</u> <u>KANKAKEE</u> <u>60901</u> <small>Number City Zip Code</small></p> <p>County: <u>KANKAKEE</u></p> <p>Telephone Number: (<u>847</u>) <u>329-4100</u> Fax # <u>(847) 329-7652</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>10/20/03</u></p> <p>Type of Ownership:</p> <table border="0"> <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>IRS Exemption Code _____</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>In the event there are further questions about this report, please contact: Name: <u>CAMILLE LOCKHART</u> Telephone Number: (<u>417</u>) <u>865-8701</u> Email Address: _____</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	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 _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/13</u> to <u>12/31/13</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 border="1" style="width: 100%;"> <tr> <td rowspan="2" style="width: 20%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> </tr> <tr> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) _____</td> </tr> <tr> <td></td> <td>(Title) _____</td> </tr> <tr> <td rowspan="5">Paid Preparer</td> <td>(Signed) _____</td> </tr> <tr> <td>(Date) _____</td> </tr> <tr> <td>(Print Name and Title) <u>CAMILLE B. LOCKHART, CPA</u> <u>PARTNER</u></td> </tr> <tr> <td>(Firm Name & Address) <u>BKD, LLP</u> <u>P. O. BOX 1190, SPRINGFIELD, MO 65801-1190</u></td> </tr> <tr> <td>(Telephone) <u>(417) 865-8701</u> Fax <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 Phone # (217) 782-1630</p>	Officer or Administrator of Provider	(Signed) _____	(Date) _____		(Type or Print Name) _____		(Title) _____	Paid Preparer	(Signed) _____	(Date) _____	(Print Name and Title) <u>CAMILLE B. LOCKHART, 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> Fax <u>(417) 865-0682</u>
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Facility Name RIVER VALLEY SL RESIDENCE

Report Period Beginning: 1/1/13 Ending: 12/31/13

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	19,270	1,799	30	21,099	5
6	Double Unit	8,910	413	521	9,844	6
7	Other					7
8	TOTALS	28,180	2,212	551	30,943	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 86.51%

D. Indicate the number of paid bed-hold days the SLF had during this year 577 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 68 (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: 12/31/13 Fiscal Year: 12/31/13

* 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 SL RESIDENCE

Report Period Beginning:

1/1/13

Ending:

12/31/13

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	242,734	265,780	1,824	510,338		510,338	1
2	Housekeeping, Laundry and Maintenance	139,169	21,847	101,369	262,385		262,385	2
3	Heat and Other Utilities			132,367	132,367		132,367	3
4	Other (specify):							4
5	TOTAL General Services	381,903	287,627	235,560	905,090		905,090	5
B. Health Care and Programs								
6	Health Care/ Personal Care	436,986	17,098	1,800	455,884		455,884	6
7	Activities and Social Services	50,971	10,811	7,147	68,929		68,929	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	487,957	27,909	8,947	524,813		524,813	9
C. General Administration								
10	Administrative and Clerical	178,974	16,631	327,395	523,000	(700)	522,300	10
11	Marketing Materials, Promotions and Advertising			46,972	46,972		46,972	11
12	Employee Benefits and Payroll Taxes			174,595	174,595		174,595	12
13	Insurance-Property, Liability and Malpractice			44,980	44,980		44,980	13
14	Other (specify):							14
15	TOTAL General Administration	178,974	16,631	593,942	789,547	(700)	788,847	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,048,834	332,167	838,449	2,219,450	(700)	2,218,750	16
Capital Expenses								
D. Ownership								
17	Depreciation			27,191	27,191		27,191	17
18	Interest			24,198	24,198		24,198	18
19	Real Estate Taxes			2,082	2,082		2,082	19
20	Rent -- Facility and Grounds			415,648	415,648		415,648	20
21	Rent -- Equipment			12,490	12,490		12,490	21
22	Other (specify):							22
23	TOTAL Ownership			481,609	481,609		481,609	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,048,834	332,167	1,320,058	2,701,059	(700)	2,700,359	24

Facility Name: RIVER VALLEY SL RESIDENCE

Report Period Beginning 1/1/13

Ending: 12/31/13

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 47.29	1
2	Licensed Practical Nurses	2	21.11	2
3	Certified Nurse Assistants	11	10.74	3
4	Activity Director & Assistants	2	11.17	4
5	Social Service Workers			5
6	Head Cook	1	13.46	6
7	Cook Helpers/Assistants	11	9.80	7
8	Dishwashers			8
9	Maintenance Workers	2	13.00	9
10	Housekeepers	4	9.77	10
11	Laundry			11
12	Managers	2	31.49	12
13	Other Administrative	2	9.91	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	38	\$ 13.29	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	25	1	\$ 54,115	1
2	BRIAN LEVINSON	25	8	54,115	2
3					3
4					4
5					5
Total				\$ 108230	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	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? \$ 91,676.00
(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 SL RESIDENCE

Report Period Beginning:

1/1/13

Ending:

12/31/13

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	\$ 138,195	28	\$ 138,195	\$	\$ 1,390,759	1
2											2
3											3
4											4
5											5
Improvement Type											
6		DOORS, LOCKS & DOOR HOLDERS		2004	6,801		27.5	247	247	2,585	6
7		HANDICAP TOILETS		2004	1,073		27.5	39	39	408	7
8		ROOF REPAIRS		2004	2,900		27.5	105	105	992	8
9		WATER RETIANER KIT		2004	666		27.5	24	24	228	9
10		WATER HEATER REPAIR		2005	5,708		27.5	208	208	1,760	10
11		ROOF REPAIRS		2005	8,800		27.5	320	320	2,705	11
12		DRYWALL & PAINTING		2005	4,780		27.5	174	174	1,470	12
13		ELEVATOR REPAIRS		2005	1,982		27.5	72	72	611	13
14		CONCRETE, WATERPROOFING & LANDSCAPING		2006	25,100		27.5	913	913	6,809	14
15											15
16		CFWD 5C			548,164	28,990		36,141	7,151	229,578	16
17		TOTAL (lines 1 thru 16)			\$ 4,406,321	\$ 167,185		\$ 176,438	\$ 9,253	\$ 1,637,905	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	\$ 200,907	\$ 44,828	\$ 18,924	(25,904)	VAR	\$ 143,854	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 200,907	\$ 44,828	\$ 18,924	(25,904)		\$ 143,854	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: 1/1/13

Ending: 12/31/13

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	LASALLE BANK		X	MORTGAGE	/ /	\$	\$	/ /		\$ 269,611	1
2				(INC AMORT & MORT INS)	/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	HFG		X	WORKING CAPITAL	/ /			/ /		24,198	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	\$			\$ 293,809	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$	\$			\$ 293,809	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 SL RESIDENCE

Report Period Beginning: 1/1/13

Ending:

12/31/13

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/13

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 110,163	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	583,580		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	18,893		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)	\$ 712,636	\$	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	19,974		16
17	Accumulated Depreciation (book methods)	(27,191)		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)	\$ 712,636	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 124,301	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	319,596		29
30	Accrued Salaries Payable	39,709		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	34,134		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 517,740	\$	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)	\$ 517,740	\$	45
46	TOTAL EQUITY	\$ 194,896	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 712,636	\$	47

*(See instructions.)

Facility Name: RIVER VALLEY SL RESIDENCE

Report Period Beginning: 1/1/13

Ending:

12/31/13

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	\$ 2,791,907	1
2	Discounts and Allowances	(39,176)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,752,731	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	42,824	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 42,824	14
D. Other Revenue (specify):			
15	FOOD STAMP REVENUE	95,842	15
16	MISC INCOME	4,622	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 100,464	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,896,019	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	905,090	19
20	Health Care/ Personal Care	524,813	20
21	General Administration	789,547	21
B. Capital Expense			
22	Ownership	481,609	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)	\$ 2,701,059	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 194,960	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 194,960	31

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

1/1/2013 12/31/2013

RENT	<u>-415,648</u>
DEPRECIATION	184,821
AMORTIZATION	3,267
INTEREST	244,296
MORTGAGE INSURANCE	22,048
INSURANCE	7,581
R/E TAXES	<u>71,082</u>
TOTAL	<u>533,095</u>

RELATED PARTY EXP	<u>-3,600</u>
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PROFESSIONAL FEES	3,251
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PAGE 4 SCHEDULE VII B

RELATED PARTY EXP	<u>-64,800</u>
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UTILITIES	1,925
REPAIRS AND MAINTENANCE	3,435
ADMINISTRATIVE SALARY	11,426
PROFESSIONAL FEES	6,483
FEES, SUBSCRIPTIONS	310
OFFICE	46,414
EDUCATION & SEMINAR	243
TRAVEL	2,360
INSURANCE	421
EMPLOYEE BENEFITS	11,668
DEPRECIATION (SL)	1,804
RENT	1,907

EQUIPMENT RENTAL	986
AMORTIZATION	0
INTEREST	819
DEPRECIATION (SL)	695
REAL ESTATE TAXES	<u>780</u>
TOTAL	91,676

STATE OF ILLINOIS

Facility Name: RIVER VALLEY SUPPORTIVE LIVING RESIDENCE LLC

Report Period Beginning:

	1	FOR BHF USE ONLY	2	Year	4	5	Current Book	6
	Units*			Acquired	Cost		Depreciation	Life
								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	

	7	8	9	
	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
	8,447	8,447	52,090	1
	975	975	6,825	2
	310	310	2,170	3
	0	-	11,980	4
	99	99	685	5
	2,700	2,700	18,225	6
	3,800	3,800	25,967	7
	560	560	3,780	8
	192	192	1,280	9
		-	19,500	10
	101	101	673	11
	600	600	3,950	12
	147	147	944	13
	34	34	235	14
	138	138	874	15
	439	439	2,744	16
	2,334	2,334	14,199	17
	347	347	2,140	18
	360	360	2,190	19
	210	210	1,278	20
		-	1,649	21
	21,793	21,793	173,378	

STATE OF ILLINOIS

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	6 Life 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	

	7	8	9	
	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
	21,793	21,793	173,378	22
	0	-	542	23
	127	127	741	24
	164	164	957	25
	112	112	1,731	26
	167	167	947	27
	250	250	1,417	28
	405	405	2,329	29
	57	57	323	30
	85	85	1,317	31
	1,450	1,450	7,975	32
	51	51	537	33
	944	944	5,114	34
	200	200	1,084	35
	705	705	3,819	36
	133	133	699	37
	934	934	4,486	38
	1,163	1,163	5,137	39
	283	283	1,203	40
	243	243	1,013	41
	365	365	1,460	42
	29,631	29,631	216,209	

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	6 Life 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						
57						
58						
59						
60						
61						
62						
63						
	Subtotal			548,164	0	

1/1/2013

Ending:

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	7	8	9	
	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
	29,631	29,631	216,209	43
	108	108	123	44
	47	47	184	45
	1,212	1,212	4,481	46
	34	34	119	47
	220	220	477	48
	378	378	788	49
	577	577	1,203	50
	324	324	594	51
	288	288	528	52
	2,583	2,583	3,854	53
	558	558	837	54
	181	181	181	55
		-		56
		-		57
		-		58
		-		59
		-		60
		-		61
		-		62
		-		63
	36,141	36,141	229,578	

